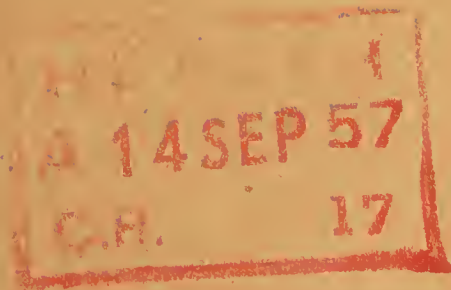


Lehman (I)
THE RURAL DISTRICT COUNCIL OF SKIPTON



ANNUAL REPORT



MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1956

BY

M. Hunter, M.B.E., M.D., D.P.H.

The Rural District Council of Skipton

A N N U A L R E P O R T

of the
MEDICAL OFFICER OF HEALTH

for the year

1956.



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Divisional Health Office,
Water Street,
Skipton.

To: The Chairman and Members of the
Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit for your information and consideration my Annual Report for the year 1956, and to include as an Appendix a report on the Local Health Authority's services in the West Riding County Council's No. 1. Division which covers the urban districts of Silsden, Skipton, Earby and Barnoldswick, and the Skipton rural district. Comment on particular points is given under the appropriate headings, but there are others which merit reference here.

The first is the change of title of the sanitary inspector to that of public health inspector. "Sanitary" in its meaning of "pertaining to health" is a good and expressive word, but it has become debased by popular usage, whilst the inspector's sphere of work has been gradually widening, and his period of training lengthening. In fact, it now needs a larger outlay in time and money than many youths are prepared to give, particularly when the rewards of qualification are not commensurate with the responsibilities.

The second point is that the Divisional Health Office was moved during the summer to more suitable premises in Water Street, after occupying the old A.R.P. Centre since 1946, and subsequently extending into the Skipton Town Hall.

Thirdly, your Medical Officer of Health has, since July, been acting Medical Officer of Health and Divisional Medical Officer to the rural districts of Bowland, Settle and Sedbergh pending a decision on the County Council's proposals to amalgamate Health Divisions 1 and 2. Doubts were expressed on the advisability of this proposal, involving as it does the addition of a population of 22,870 to the 58,500 in Division 1. And the addition of an acreage of 288,088 to one of 163,666. The total acreage of 451,754 is in fact about one quarter of the total acreage (1,609,759) of the Administrative County which, for the purpose of health administration, is divided into twenty eight divisions.

It is, therefore, with particular emphasis I wish to express my indebtedness to the Chief Public Health Inspector and his Staff for advice and support during the year, and to thank the Chief Officers and Staffs of other Departments for help so willingly given.

I am,

Yours faithfully,

M. HUNTER.

Medical Officer of Health.

SECTION A - STATISTICAL SUMMARY.

Area of the Rural District (acres)	146,087
Estimated population	24,090
Population at 1951 census	23,715
Number of inhabited houses (estimated)	1,949
Rateable Value for General Rate (approximate)	£222,695.0.0.
Sum represented by a Penny Rate (approximate)	<u>£835.0.0.</u>

BIRTHS:

	<u>Total:</u>	<u>Male:</u>	<u>Female:</u>
Live, legitimate	333	163	170
illegitimate	<u>4</u>	<u>1</u>	<u>3</u>
Total:	<u>337</u>	<u>164</u>	<u>173</u>
Still, legitimate	3	2	1
illegitimate	<u>—</u>	<u>—</u>	<u>—</u>
Total:	<u>3</u>	<u>2</u>	<u>1</u>
Total Births:	<u>340</u>	<u>166</u>	<u>174</u>

BIRTH RATES:

Live Births (Per 1,000 estimated population)	13.98
Still Births (Per 1,000 live and still births).	8.82

DEATH RATES:

(crude)

(per 1,000 estimated population.)

All causes	12.41
Tuberculosis of Respiratory System04
Other forms of tuberculosis08
Respiratory Diseases	1.16
Cancer	2.07
Heart and Circulatory Disease	4.85

Death Rate of Infants under one year of age.

All infants (per 1,000 live births)	29.67
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MATERNAL MORTALITY:

Rates per 1,000 total (live and still) births	—
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CAUSES OF DEATH

Disease	Males:	Females:	Total:
Tuberculosis Respiratory	-	1	1
Tuberculosis Other	2	-	2
Syphilitic Diseases	-	2	2
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infection	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other Infective and Parasitic Diseases	1	-	1
Malignant Neoplasm, stomach	2	4	6
Malignant Neoplasm, lung, bronchus	4	1	5
Malignant Neoplasm, breast	-	4	4
Malignant Neoplasm, uterus	-	5	5
Other malignant and lymphatic Neoplasms	15	13	28
Leukaemia, aleukaemia	-	2	2
Diabetes	2	-	2
Vascular lesions of nervous system	25	28	53
Coronary disease, angina	27	19	46
Hypertension with heart disease	2	5	7
Other heart diseases	22	19	41
Other Circulatory diseases	6	17	23
Influenza	-	1	1
Pneumonia	5	3	8
Bronchitis	9	7	16
Other diseases of respiratory system	1	2	3
Ulcer of stomach and duodenum	-	3	3
Gastritis, Enteritis and Diarrhoea	-	-	-
Nephritis and Nephrosis	2	2	4
Hyperplasia of prostate	2	-	2
Pregnancy, Childbirth, Abortion	-	-	-
Congenital Malformations	2	1	3
Other defined and ill-defined diseases	13	10	23
Motor vehicle accidents	-	-	-
All other accidents	2	4	6
Suicide	1	1	2
Homicide and operations of War	-	-	-
All causes	145	154	299

COMMENTARY ON VITAL STATISTICS.

BIRTHS:

The birth rate - i.e. the number of births per estimated 1,000 population, was 13.9 a lower rate than that of the Administrative County and that for England and Wales which were 16.4 and 15.7 respectively. The still birth rate of 3.8 per 1,000 live and still births was very low, the national average being 23.

DEATHS:

At 12.4 per 1,000 population the death rate was, as it usually is, a little above the rate of 11.7 for England and Wales as a whole.

INFANTILE MORTALITY:

The death rate of infants under one year per 1,000 live births was 29.67 compared with rates of 27.1 and 23.8 for the Administrative County, and England and Wales respectively.

MATERNAL MORTALITY:

There were no deaths attributable to pregnancy, childbirth or abortion during the year.

SECTION B.

PROVISION OF HEALTH SERVICES FOR THE AREA.

1. GENERAL:

The home nursing, midwifery, health visiting, home help, mental health and ambulance services are provided by the County Council and referred to in the Appendix. Reference will also be found there to clinic arrangements, health education, vaccination and immunisation, and the school health and dental services.

2. LABORATORY SERVICES:

The Public Health Laboratory at Bradford is that to which most samples of water, milk, ice-cream and other foods are sent. It is also used for the examination of pathological specimens, and has the great advantage that collection from buses going to the nearby terminus can be arranged in cases of urgency.

3. HOSPITAL SERVICES:

In the report for last year, details were given of the hospitals provided in this area, and those have again been included.

It is not, of course, a complete list, as the hospitals in Leeds, Bradford and elsewhere continue to take their quota of patients, and for two reasons. The first is that only in a few centres in this country can certain specialised units be provided. The second is that the responsibility for referring patients to a hospital rests with the family doctor. Most patients take his advice and go to the hospital which he considers most suitable to deal with them. It would not be appropriate to discuss in this report all the factors in this choice, for they are many and involved. But pertinent to mention that these factors, and others, have been discussed at great length during the year when the upgrading of the Skipton General Hospital has been under review. This upgrading would involve the provision of an additional sixty beds to the existing sixty four, along with certain other improvements. A rather larger general hospital already exists in Keighley where it is claimed that an additional sixty beds could be provided more economically, and would make at the same time a hospital of sufficient size to attract the medical, nursing and ancillary staffs which advances in medicine, surgery and obstetrics now require. It is claimed that such a scheme is preferable to dividing the limited resources of the group between two small hospitals, and limited they must be by the comparatively small population in the group. On the other hand, Skipton is a natural geographical centre, and as such has a good claim to make for a better hospital. A decision is therefore difficult and will prove unpopular either at one end of Craven, or the other. At the time of writing this report a compromise appears to have been achieved by the Regional Hospital Board's decision to give high priority to the provision of new X-ray, out-patient, casualty, physiotherapy and pathology departments and a chest clinic at Skipton; the provision of additional beds there to be reconsidered two years after these extensions have been completed.

Medicine is constantly advancing and one relevant and important point might well be made here. That is the fact that both sanatoria in the area now have empty beds, for the first time since they were built. That at Ilkley was able to open wards for the long term sick during the year, an event which seemed highly improbable until very recently.

The need for additional accommodation for the long term sick is obvious from the waiting lists for St. John's and Raikeswood Hospitals. These are always long, particularly for female patients.

There is however, no shortage of maternity accommodation, for this Division has the highest institutional confinement rate in the Administrative County. The booking arrangements for these beds are now undertaken at the Divisional Health Office, and has obviated the position whereby one maternity unit was often overcrowded and the other half empty.

So far as infectious diseases are concerned, there is an increasing tendency to nurse cases at home, particularly scarlet fever. And there has been no difficulty in securing the admission of other cases.

<u>Situation</u>	<u>Name</u>	<u>Purpose</u>	<u>Beds</u>
Burley-in-Wharfedale	Scalebor Park	Mental Illness	323
Burnley	Victoria Hospital	General	168
Burnley	General Hospital	General	656
Burnley	Marsden Hospital	Infectious Disease	100
Burnley	Bank Hall Maternity Hospital	Maternity	51
Colne	Christiana Hartley	Maternity	16
Grassington	Grassington Hospital	Chest Diseases	184
Ilkley	Middleton Hospital	- do -	376
Ilkley	St. Winifred's Hospital	Maternity	12
Keighley	Victoria Hospital	General	139
Keighley	St. John's Hospital	Long term sick. Maternity	226 24
Keighley	Morton Banks Hospital	Infectious Disease	72
Menston	Menston Hospital	Mental Illness	2,540

continued/

<u>Situation.</u>	<u>Name.</u>	<u>Purpose.</u>	<u>Beds.</u>
Skipton	General Hospital	General	64
Skipton	Raikeswood	Long term sick	143
		Acute medical	28
Skipton	Cawder Ghyll	Maternity	18
Settle	Castleberg	Mental Deficiency	169

4. BLIND PERSONS:

The statutory definition for the purpose of registration as a blind person under the National Assistance Act, 1948, is that the person is "so blind as to be unable to perform any work for which eyesight is required". Such persons, if aged forty or over, can claim a non-contributory old age pension.

Persons who are not blind within the meaning of the Act but are nevertheless substantially and permanently handicapped by defective vision may be classified as partially sighted and come within the scope of the welfare services which the local authority are empowered to provide for blind persons, but are not eligible for the special pension. There are 27 blind persons in the district. The Blind Persons Teacher exercises supervision and helps with their problems, and specialist examinations are carried out periodically by an ophthalmologist.

During the year an important report was published entitled "Blindness in England, 1951-54". This shows that in the majority of cases blindness is due to the degenerative changes of old age - cataract, senile vacular lesions, and glaucoma; and that women greatly outnumber men. It also points out that some of this blindness is preventable, and that much (particularly cataract) is remediable. To offset that depressing story it is most gratifying to know that blindness in childhood resulting from retrolental fibroplasia, so common in recent years, has virtually disappeared. So has blindness due to ophthalmia neonatorum, syphilis, and meningitis.

5. WATER SUPPLIES:

Mr Yeadon, The Engineer and Surveyor has kindly supplied the following information:-

SCHEDULE "A"

Information re quality and quantity of water from the Council's own undertakings in the year 1st January, 1956 to 31st December, 1956.

<u>Township.</u>	<u>Quality of Water.</u>	<u>Quantity.</u>	<u>Remarks.</u>
Appletreewick	Bacteriologically satisfactory, but complaints arise due to presence of iron taken up by the water during its passage through the iron mains.	Sufficient.	Efforts have been made to remedy the discolouration of the water by iron by passing the water at the source through limestone chippings and also by the introduction of "Flocsil", but both these methods have had only partial success.
Beamsley	Doubtful Quality.	Sufficient.	Bulk supply from Chatsworth Estates to eight of the thirteen dwellings in the hamlet.
Bradleys Both	Generally satisfactory.	Sufficient.	
Buckden	Satisfactory after chlorination.	Sufficient.	
Calton	Doubtful Quality.	Sufficient.	
Coniston Cold	Satisfactory after chlorination.	Insufficient.	Scheme to pump water from Gargrave completed with the exception of installation of pump.
Conistone-with-Kilnsey	Doubtful Quality.	Sufficient.	Only two houses in Kilnsey supplied.

- continued -

<u>Township</u>	<u>Quality of Water</u>	<u>Quantity of Water</u>	<u>Remarks</u>
Cononley	Satisfactory	Sufficient	
Cowling	Satisfactory	Sufficient	
Draughton	Satisfactory	Sufficient	Bulk supply from Skipton U.D.C.
Embsay-W-Eastby	Satisfactory	Sufficient	Bulk supply from Skipton U.D.C.
Gargrave	The Gravity and Pound sources are satisfactory after chlorination. The Coldwell supply requires chlorinating.	Insufficient storage capacity.	Supply augmented during dry periods by pumping from Pound Well and Cold Well, low level supplementary sources. Improvements of the Cold Well are under consideration.
Glusburn	Satisfactory	Insufficient.	Supply augmented from Cowling during periods of drought.
Grassington	Generally satisfactory after chlorination.	Insufficient.	Supply augmented from Brow Well during periods of drought, and also from Threshfield by means of pump installed at Grassington Bridge. It is proposed to enlarge pipeline from Threshfield service tank during 1957.
Hartlington	Satisfactory.	Sufficient at present level of consumption.	It is proposed to instal an additional hydraulic ram during 1957.

- continued -

<u>Township</u>	<u>Quality of Water</u>	<u>Quantity of Water</u>	<u>Remarks</u>
Hebden	Generally satisfactory.	Insufficient storage capacity.	
Hetton	Generally satisfactory.	Insufficient storage capacity.	
Kettlewell-w- Starbotten	Generally satisfactory.	Insufficient.	Several high level houses in Starbotten have only poor pressure.
Linton	Generally satisfactory.	Sufficient.	Supply augmented from Threshfield.
Steeton-w- Eastburn	Doubtful Quality.	Insufficient.	Supply augmented from Keighley Borough and Brighton Stream during periods of drought.
Sutton	Satisfactory after chlorination.	Insufficient.	Supply augmented from Keighley Borough and Burnroyd Well during periods of drought.
Thornton	Generally satisfactory.	Sufficient.	Water is acid and liable to act on metals.
Oughtershaw	Generally satisfactory after filtration.	Sufficient.	

SCHEDULE "B".

Bacteriological Examinations and Chemical Analyses of Water supplies taken in the year 1st January, 1956 to 31st December, 1956.

Township	No. of samples of raw water.	Results.	No. of samples of treated water.	Results.	Chemical Samples.	Results.
Appletree-wick	1	1 Class 1			14	Good organic purity
Beamsley	1	1 Class 4				
Bradleys	(Gravity	(6 Class 1				
Both	(Supply	(2 Class 2				
	(10	(2 Class 4				
	(Borehole	(3 Class 1				
	(Supply	(1 Class 2				
	(4					
Buckdon	7	(1 Class 1 (2 Class 3 (4 Class 4	7	(4 Class 1 (2 Class 3 (1 Class 4		
Calton	5	(1 Class 1 (4 Class 4				
Coniston Cold	9	(9 Class 4	7	(4 Class 1 (1 Class 3 (2 Class 4		
Cónistone-w-Kilnsey	5	(1 Class 1 (1 Class 2 (1 Class 3 (2 Class 4				
Cononley	(Gravity (Supply (5 (Borehole (Supply (5	5 Class 1 5 Class 1				
Cowling	(Gravity (Supply (21 ((Borehole (Supply (6	(15 Class 1 (4 Class 2 (1 Class 3 (1 Class 4 6 Class 1				

- continued -

<u>Township</u>	<u>No. of samples of raw water.</u>	<u>Results.</u>	<u>No. of samples of treat- ed water.</u>	<u>Results.</u>	<u>Chemical Samples.</u>	<u>Resi</u>
Embsay-w- Eastby.	2 2	2 Class 1 (1 Class 1 (1 Class 4			1	Good organ purity
Gargrave	(Gravity (Supply (7	(1 Class 3 (6 Class 4	7	(5 Class 1 (1 Class 2 (1 Class 3	2	Water acid liab to ac on metals
Glusburn	(High (Level (Reservoir (5 (Low Level (Reservoir (3 (Middle (Reservoir (4 ((Borehole (7	(4 Class 1 (1 Class 3 3 Class 1 (1 Class 1 (2 Class 3 (1 Class 4 7 Class 1				
Grassing- ton	(Gravity (Supply (7	(1 Class 1 (1 Class 3 (5 Class 4	6	(4 Class 1 (1 Class 2 (1 Class 3		
Hartling- ton	3	2 Class 1 1 Class 2				
Hebden	(Bowdin's (Spring (4 (Edge (Spring (4	(2 Class 1 (2 Class 4 (3 Class 1 (1 Class 4				
Hetton	5	(2 Class 1 (1 Class 2 (1 Class 3 (1 Class 4				

- continued -

<u>Township</u>	<u>No. of samples of raw water.</u>	<u>Results.</u>	<u>No. of samples of treat- ed water.</u>	<u>Results.</u>	<u>Chemical Samples.</u>	<u>Results.</u>
Kettlewell	6	(2 Class 1 (1 Class 2 (3 Class 3				
Linton	5	(2 Class 1 (1 Class 2 (1 Class 3 (1 Class 4				
Starbotten	5	(2 Class 1 (1 Class 2 (1 Class 3 (1 Class 4				
Steeton-w- Eastburn	(Gravity (Supply (13 ((Brighton (Stream (3	(3 Class 1 (3 Class 2 (3 Class 3 (4 Class 4 (1 Class 2 (2 Class 4				
Sutton	(Gravity (Supply (7 (Sutton (Mill (7	(1 Class 1 (2 Class 3 (4 Class 4 (1 Class 1 (3 Class 3 (3 Class 4	7	(6 Class 1 (1 Class 4		
Thornton	2	(1 Class 2 (1 Class 4			2	Water is acid and liable to act on met- als.
Threshfield (Linton) Supply	4	(1 Class 1 (2 Class 2 (1 Class 3				
Oughter- shaw	5	(1 Class 2 (1 Class 3 (3 Class 4	5	(2 Class 1 (1 Class 2 (2 Class 3		

SCHEDULE "C".

Water liable to have plumbo-solvent action
and action taken.

Gargrave Two chemical analyses made of samples of water collected from the gravity supply - 1 No. pH 6.2 and 1 No. pH 6.4

Thornton Two chemical analyses made of samples of water collected from the supply - 1 No. pH 5.4 and 1 No. pH 5.6

SCHEDULE "D".

Action taken during year to supplies liable to contamination.

<u>Source.</u>	<u>Precaution.</u>
Buckden	All water chlorinated.
Coniston Cold	All water chlorinated.
Gargrave	Gravity supply and Pound supplementary supply chlorinated.
Glusburn	Low level supply chlorinated, extra precautions taken when borehole supply is in use. Reservoirs treated frequently with copper sulphate to eliminate growth of algae.
Grassington	Gravity and Brow Well supplementary supply chlorinated.
Sutton	Gravity supply chlorinated except when pumping from Burnroyd Well.

SCHEDULE "E".

Properties supplied with water direct to houses by
Skipton Rural District Council.

<u>Township.</u>	<u>No. of Premises.</u>	<u>Est. Population.</u>
Appletreewick	34	90
Beamsley	8	20
Bradleys Both	193	504
Buckden	35	68
Calton	10	30
Coniston Cold	42	133
Conistone-w-Kilnsey	19	70
Cononley	263	847

<u>Township.</u>	<u>No. of Premises.</u>	<u>Est. Population.</u>
Cowling	580	1,728
Draughton	30	90
Embsay-w-Eastby	363	1,160
Gargrave	515	1,108
Glusburn	933	2,446
Grassington	385	1,095
Hartlington	14	60
Hebden	82	237
Hetton	32	90
Kettlewell-w-Starbotten	103	302
Linton	48	373 (Includes Linton Camp)
Rylstone	10	24
Steeton-w-Eastburn	872	2,352
Sutton	831	2,260
Thornton	80	250
	<hr/> 5,482	<hr/> 15,337

It will be noted that the water supplies in the district vary considerably in quality and quantity. Increasing demands are being made on them, particularly by industry and agriculture, and the co-ordination of water undertakings has now become an urgent matter. Preliminary meetings have, therefore, been held here, as in many other places, with a view to making better use of available supplies.

Two years ago reference was made in the annual report to the fluoridation of water supplies, and it is of interest that during the present year this was started in four places in Britain. It is expected that these controlled demonstrations will confirm experience in the United States where it has been shown that children drinking water containing one part per million of fluoride during the time their teeth are developing have an incidence of dental caries 60 per cent less than children drinking water with only a trace or no fluoride in it.

Although fluoridation is unlikely to be the last word on the subject of dental decay, it is expected to make a valuable contribution in dealing with a national problem.

SCHEDULE "F".

6.

Parish.

Sewerage.

Buckden Scheme not yet approved by the Ministry.

Starbotten Scheme not yet approved by the Ministry.

- continued -

Grassington	Scheme not yet approved by the Ministry.
Gargrave	Extension of sewer to service Smallholdings completed on 23rd June, 1956.
Sutton	Extension of sewer to serve eight houses at Sutton Fields commenced on 14th December, 1956.

7. ATMOSPHERIC POLLUTION:

The measurement of atmospheric pollution is undertaken by the County Council in conjunction with the Department of Scientific and Industrial Research, and three types of instrument are located at the Divisional Health Office. The deposit guage measures the amount of deposited matter polluting the atmosphere, the lead peroxide instrument the amount of sulphur (SO₃) pollution, and the smoke filter the amount of suspended impurity.

The results of analyses with these instruments are shown in the following table:-

Month	Rainfall in mm.	Total Solids deposited in tons per sq. mile.	Sulphur in mgms. (SO ₃) per 100 sq. cms. per day.	Average daily suspended impurity in mgms. per cubic metre.
January	95	24.83	x	22
February	x	x	0.68	24
March	x	x	1.49	26
April	73	19.14	1.42	22
May	32	15.16	0.95	x
June	63	9.26	0.58	x
July	104	22.24	0.40	x
August	112	19.00	0.76	x
September	50	13.88	0.37	x
October	58	18.39	0.44	x
November	28	13.48	0.79	x
December	99	24.29	2.21	x

x No figures available.

In July, 1956, the Royal Assent was given to the Clean Air Bill which was introduced in the previous year, the chief provisions of which were outlined in the Annual Report for that year. This Act is welcome - not as the complete answer to air pollution, but as a definite step forward in an attempt to deal with the problem, and a recognition of its gravity by central government.

More than five million tons of sulphur dioxide and three million tons of smoke, grit and dust are discharged annually into the air of Great Britain and, when meteorological conditions are favourable, form a lethal aerosol. The deadly effects of smog are now well established, but the effects of long continued atmospheric pollution are even more serious. The mortality from bronchitis in England and Wales is 20 to 50 times greater than in Scandinavian countries, where little coal is burnt. In industrial areas, mortality is two to four times as great as in the countryside, with peak rates in the conurbations of Manchester, Liverpool and Sheffield. On the material, as distinct from the human aspect, the economic loss to the country runs into millions of pounds every year.

8. FOOD HYGIENE:

The annual increase in the incidence of food poisoning continues. In England and Wales in 1955, 8,961 food poisoning incidents were reported, an increase of 49 per cent over 1954. The incidents comprised 612 general outbreaks, 723 family outbreaks, and 7,626 sporadic cases. The main increase was in salmonella infections, and gave further emphasis to the frequency with which egg products have been found to be contaminated with these organisms. Duck eggs have been mentioned in previous reports. More recently frozen whole eggs, and frozen or dried egg albumen from China have been repeatedly incriminated as carriers of these germs, as well as those of paratyphoid. So long as the distribution of contaminated foodstuffs is permitted food poisoning will persist, despite the latest food hygiene regulations. Although their strict observance will help to reduce the food poisoning due to other organisms such as staphylococci and *Clostridium welchii*.

Whilst the annual increases in food poisoning may be partly due to more prompt recognition, better notification and increased laboratory facilities, there is no doubt a great deal which still goes unreported. And when reviewing this subject it is disturbing to realise that more and more food preparation is escaping from the domestic kitchen into the hands of the bulk commercial manufacturers. Methods comparatively harmless in the domestic kitchen are fraught with risk when practised in the communal kitchen. Prepared foods are now produced on an extensive scale with increased risk of contamination. Changing food habits whereby so many people take meals outside their homes also adds to the numbers at risk. There is an absolute need of much higher standards of storage, preparation and cooking in these factories, canteens and hotels, etc., which investigation of food poisoning outbreaks shows are often not reached.

9. NATIONAL ASSISTANCE ACTS, 1948 and 1951:

These Acts provide for the removal to hospital or other suitable place, of persons suffering from grave, chronic disease, or being aged, infirm, or physically handicapped are living in insanitary conditions, being unable to devote to themselves, and are not receiving from other persons proper care and attention. Under the first Act application for removal is made to a Magistrate's Court; under the second an order can be made by a Local Justice of the Peace, and is used in cases of urgency. However, it is only as a last resource that these powers are used, where there is complete lack of home care and where the individual refuses to go to Hospital or Part III Accommodation, despite every effort being made to persuade them or otherwise provide for them. It was not necessary to invoke these powers during the year.

10. CREMATION:

Cremation continues to make steady progress in providing a simple, hygienic, reverent and complete method of disposal of the dead. Although the number of crematoria is still comparatively small and they cannot conveniently serve all parts of the country, the number of cremations in Great Britain expressed as a percentage of total deaths increased from 4.31% in 1941 to 24.37% in 1955.

The Skipton crematorium was opened on the 30th May, 1952, and between that date and the end of 1956 well over four thousand cremations have taken place.

The Medical Officer of Health is the medical referee to the crematorium, assisted by a deputy as required.

SECTION C.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

1. DIPHTHERIA:

The incidence of this preventable disease is now very greatly reduced in this country, and no case of diphtheria has been notified within the district for several years. It is therefore only a name to many people today, and not the disease so feared by parents before large scale immunisation was introduced some fifteen years ago. But outbreaks can still occur, and during the past five years have occurred in Birmingham (105 cases), Coseley (66 and 38), Darwen (59), Dudley (12), and Hull (where there were 17 cases in 1955). Although our immunisation rate is above the national average it cannot be regarded until every child is immunised, in infancy and adult life. The Divisional statistics for this procedure are in the Appendix to this Report.

2. POLIOMYELITIS:

1956 was not an epidemic year, and no case was notified in the district. But it was marked by the introduction of vaccination, further reference to which will be found in the Appendix.

3. WHOOPING COUGH:

121 notifications were received compared with 57, 28, 58, 64 and 182 in the five preceding years. Prevalence was most marked in the second half of the year, and the majority of cases were in the southern part of the district. Other cases may have occurred but escaped notification because of their mild nature, being modified by vaccination. According to results published during the year of a large scale trial organised by the Medical Research Council, substantial protection which is maintained for at least two and a half to three years can now be achieved by vaccination. Vaccination should be given early, for it is babies and young children who suffer most severely from this disease, and its complications.

4. MEASLES:

Only 12 notifications were received compared with 351, 8 and 250 in the preceding years. Measles is a virus disease spread directly from person to person. The patient is highly infectious for several days before the rash appears, so control is very limited. It is therefore fortunate that, like scarlet fever, the fatality rate has been steadily falling. The tendency for measles to occur in biennial outbreaks is well illustrated by the figures given.

5. SCARLET FEVER:

14 notifications were received. In the five preceding years there were 25, 46, 24, 20 and 24. Since the beginning of this century the incidence of scarlet fever has fluctuated, with a marked drop in notifications in the past eight years. It is now very rarely fatal thanks to modern treatment and the prevailing mild type of disease. But in view of past fluctuations in behaviour it is by no means certain that the temperament of this disease will continue to be mild. Furthermore, it is now well recognised that certain strains of streptococci (the causative germs) are likely to produce nephritis as a complication.

6. DYSENTERY:

Although only 5 cases were notified others may well have occurred, as this disease now appears to be widespread in England, particularly in primary schools and nurseries. The increase in notifications in recent years may be due in part to improved diagnostic facilities, and to increasing attention being paid to what older generations may have regarded as a comparatively minor illness.

7. FOOD POISONING:

9 notifications of food poisoning were received. One was attributed to the consumption of shell fish outside the district, and three cases in one family almost certainly contracted their infection when visiting relatives in another county.

The other 5 cases occurred in one village and were caused by eating meat pies which were contaminated by *Salmonella typhi-murium* germs. After a considerable amount of investigation it was found that the pie maker and two butchers in an establishment in an adjacent borough were carriers of these germs.

That some people continue to carry these germs for long periods after recovery from illness was well illustrated by a case which was reported in 1955. Despite intensive treatment by every known method a schoolboy remained a carrier for ten months.

8. TUBERCULOSIS:

Tuberculosis is the most important communicable disease of our time. The statistics for England and Wales for the past six years are as follows:-

<u>Year.</u>	<u>Deaths.</u>	<u>Notifications.</u>
1949	19,908	52,041
1950	15,969	49,358
1951	13,806	49,440
1952	10,585	48,093
1953	8,902	46,546
1954	7,897	42,348
1955	6,543	38,838

Whilst the considerable reduction in deaths must be regarded with some satisfaction, it must also be remembered that tuberculosis has been known to be a preventable disease for almost a century. The reduction in notifications is less spectacular, but that is to be expected when attention has been given to the discovery of hitherto unknown cases by the use of mass radiography and tuberculin testing in recent years. Whatever grounds for optimism these statistics may give, the fact remains that there are probably a quarter of a million tuberculous patients in the community at present, a considerable percentage of which are not notified and probably infectious cases. Such cases, and a high proportion are elderly people, can therefore still go about spreading the disease, and it is upon them which attention must be focussed.

The contacts of every newly notified case of tuberculosis are therefore investigated, both at home and at work, to try and find out where the patient acquired his infection. All such contacts are offered a chest X-ray but as attendance cannot be enforced, the position cannot be regarded as satisfactory. In addition, there are the Mass Radiography Units touring the country, inviting people to their public sessions, and inviting all employees for a chest X-ray at factories, works, etc. The response is often disappointing, although these units do find an average of between two and three unsuspected cases of active tuberculosis per thousand people examined. In certain types of employment, particularly those associated with children, a satisfactory chest X-ray may be a condition of employment, but in few instances is this made an annual requirement. In some areas, but not in this as yet, arrangements exist for every expectant mother to have an X-ray, as this has been found well worth while.

Reference by their family doctors, of all elderly people with chronic coughs, has also proved its value. Whilst efforts to trace the sources of infection are thus limited by the fear of introducing any element of compulsion, other countries insist on all immigrants being X-rayed and have introduced much more satisfactory methods of control.

During the year a mass radiography unit of the Leeds Regional Hospital Board visited the Division and a brief report on the findings is as follows:-

	Males:	Females:	Total:
1. Examinations carried out:			
(a) Minature X-rays taken	2,796	1,330	4,126
(b) Large X-rays taken	73	22	95
2. Analyses of provisional findings:			
(a) Cases of active tuberculosis	5	3	8
(b) Cases of inactive tuberculosis	22	3	25
(c) Other abnormalities	30	3	33
(d) Failed to re-attend for large film	2	-	2

Reference was made in the last Report to the use of tuberculin tests on school entrants, and at "birthday" examinations at child welfare clinics. These tests have been continued in the belief that although few unknown cases have been discovered, the discovery of every case is vitally important. The basis of these tests is that all such children ought to give a negative response to a tuberculin test. If they give a positive, search can be made amongst the contacts, for at that age they are likely to be few and mainly confined to the family group. In the examination of these "positives" and their contacts, and in other matters, we are indebted to the Chest Physician for his close and continued co-operation.

Having, by one means or another, discovered the new case of tuberculosis, or the hitherto unknown source of infection, treatment is instituted. Now drugs have revolutionised the treatment, and greatly improved the prognosis; and as there are empty beds at both local chest hospitals admission can be arranged immediately if required.

Prevention of the spread of infection can now be organised by the education of the patient and his family, and in this the health visitor plays an important part. Housing conditions can be improved, as can nutrition by the provision of extra milk. The unemployed tuberculous are entitled to additional sickness benefits, and are advised on future employment when they are fit for work.

In the Appendix to this Report statistics relating to B.C.G. vaccination of school children will be found. And it is appropriate to mention here that it is a form of artificial immunity offered, at present, to thirteen year old children who are found by testing to be tuberculin negative, the implication being that they have not acquired the infection and a degree of natural immunity in earlier life.

Such children are at particular risk during adolescence, and recent experience shows that B.C.G. vaccine gives them a considerable degree of protection for at least four years, and perhaps longer. This form of vaccination is also given by the Chest Physician to children, from the newly born upwards, who are or are likely to be exposed to infection. Such children being those with a case of tuberculosis in the family group, irrespective of whether such case is active or inactive.

Statistics for the district are as follows: 14 cases of tuberculosis were notified compared with 12, 5, 25 and 24 in the preceding years. 20 patients were admitted to chest hospitals during the year, and 22 discharged. 129 cases remained on the register at the end of the year.

2. OTHER DISEASES:

48 notifications of pneumonia were received, and 6 of erysipelas. Meningococcal infection, which is still a fatal disease for those under 5 years, was not notified. Neither were the typhoid nor paratyphoid fevers, where much of the infection now comes from abroad, either through contaminated foodstuffs, or as cases amongst returning holiday-makers.

REPORT OF THE CHIEF SANITARY INSPECTOR FOR THE YEAR
1956.

Chief Sanitary Inspector etc.

A.W. Craven, M.S.I.A.,
A.M. Inst. P.C.
Certificate of R.S.I.
& San. Insp. Joint Board
as Sanitary Inspector,
Cert. of R.S.I. for Meat
& Food, Cert. of R.S.I.
for Smoke Inspection.
Testamur of Institute
of Public Cleansing.

Sanitary Inspectors.

G.E. Haigh, D.P.A., A.R.S.I.,
M.S.I.A.
Cert. of R.S.I. & San.
Insp. Joint Board as
Sanitary Inspector.
Cert. of R.S.I. for
Meat and Food. Diploma
in Public Administration.

K. Parker, M.S.I.A.,
Cert. of R.S.I. & San Insp.
Joint Board as San. Insp.
Cert. of R.S.I. for Meat
and Food. Cert. of R.S.I.
for Smoke Inspection.

Junior Assistants.

A.B. Lee.
B. Oversby.

General Clerks.

Miss. E. Sharples (Snr).
Miss. C.M. Dewhirst.

Council Offices,
Granville Street,
SKIPTON.

Mr. Chairman, Ladies and Gentlemen,

In the following pages I beg to set out details of the activities of the Health Department in environmental and food hygiene. This report is in respect of the calendar year 1956 and is the eighth which I have had the privilege of presenting to you.

I am glad to be able to record that during the year the title "Sanitary Inspector" was changed to "Public Health Inspector" by the Sanitary Inspectors (Change of Designation) Act, 1956. Whilst the passing of this Private Member's Bill was somewhat unexpected in view of previous disappointments it was very welcome; the new title expresses the scope and extent of our duties much more adequately than the old one.

A major event of the year was the coming into operation of the Food Hygiene Regulations, 1955, part of which became operative on the 1st January and the remaining part on the 1st June. A big effort was made to bring these Regulations to the notice of traders affected and in following up circulars by detailed inspections and recording of premises. All meat notified as being slaughtered within the District was inspected as hitherto. The amount being slaughtered on Sundays showed a steady increase throughout the year.

The provisional five year housing programme was accepted early in the year and a portion of it selected to be carried out during the first year. Detailed examination and recording of properties were given a high priority. The grant scheme to assist improvements, under the Housing Act, 1949 and the Housing Repairs and Rent Act, 1954 was continued but unfortunately it was found necessary on economy grounds to reduce the grant from one half to one third, subject to the maximum of £400 per dwelling. Whilst this scheme was mainly used by the owner-occupiers of property, I am quite convinced that it is fulfilling a real need in assisting in the modernisation of sound old properties; in several cases it was quite evident that the properties had been saved from demolition or closure in the immediate future.

Towards the end of the year the cleansing of pail closets in the Parish of Buckdon had to be taken over by direct labour as the contractor terminated his contract and no successor could be found. Apart from this modification the collection and disposal of household refuse and salvage was continued as in previous years.

Once again I am grateful for this opportunity to thank the staff of the Department, which was unchanged throughout the year, for the willing and efficient way their duties were done. The usual helpful co-operation was given throughout the year by your Medical Officer of Health and to him and the Public Health Committee I should like to express my sincere thanks.

I remain,

Your obedient servant,

Arthur W. Craven.

Public Health and Building Inspector.
Cleansing Superintendent.

SANITARY CIRCUMSTANCES.

WATER SUPPLIES:

Of the forty seven Civil Parishes which make up the Rural District of Skipton, twenty two are served with piped water supplies under the control of the Council and details of these have already been given earlier in this report.

Twenty five other Parishes are served by private suppliers and statutory undertakers not under the Council's direct control.

The sampling of these supplies was continued, and when necessary, further inspections were made throughout the year.

The pollution of the private supply to Halton East, found in 1955, was cleared up early in the year by protection works at a brick collecting chamber for the spring which feeds the supply. Samples taken after the completion of the work gave satisfactory results.

The supply to a small collection of properties near Kettlewell showed greatly improved results from those taken during last year. In this case, as in others, the use of "Sterasyl" filters was recommended as the supply appears to be polluted intermittently. The use of filters containing "Sterasyl" candles was pressed in many instances. Test samples taken before and after filtration through these filters continued to give consistently good results.

Some pollution was found in the Bracewell supply and investigation showed that one spring serving the supply was inferior to the others and also that cattle were able to approach the tanks and some pollution was possible from this source. The tanks were cleaned and fenced round; later samples showed good results.

The various supplies to Lothersdale village continued to give varying results and in most cases where even after protection works had been done some intermittent pollution was evident. "Sterasyl" filters were recommended. The major supply to Lothersdale was improved by the removal of a large stack of pig manure which had been made by a neighbouring farmer near the source of the supply.

Routine samples which were submitted for bacteriological analysis from the following village supplies were completely satisfactory on the day of sampling:- Elslack, West Marton, Broughton, Carleton.

A table giving details of all the samples taken during the year is given below.

<u>Parish.</u>	<u>Total.</u>	<u>Laboratory Report.</u>		
		<u>Satisfactory.</u>	<u>Doubtful.</u>	<u>Unsatisfactory.</u>
Addingham	8	5	1	2
Appletreewick	2	-	2	-
Barden	1	1	-	-
Boamsley	11	5	1	5
Bolton Abbey	1	-	-	1
Bracewell	16	8	3	5
Bradloys Both	3	3	-	-
Brogden	1	1	-	-
Broughton	5	2	-	3
Calton	2	-	2	-
Carlton	1	1	-	-
Cononley	7	5	2	-
Cowling	5	2	-	3
Elslack	2	2	-	-
Gargrave	2	2	-	-
Glusburn	12	7	2	3
Grassington	2	-	1	1
Halton East	6	6	-	-
Kettlewell-w-				
Starbotten	1	1	-	-
Lothersdale	34	20	3	11
Martons Both	2	2	-	-
	124	73	17	34

In addition to the above thirteen samples were submitted to the Analyst for chemical examination. Five of these were unsatisfactory and the rest satisfactory.

Four samples of water were taken from the Cononley supply at the request of the County Medical Officer of Health and submitted for examination for plumbo-solvency; all were satisfactory.

SWIMMING BATHS:

The two privately owned swimming baths in Glusburn and Sutton were again open to the public during the year and satisfactory analyses were returned on all samples submitted for examination.

The private baths at Malsis School and Linton Camp School were sampled and found to be satisfactory.

In all, nineteen samples were taken at the baths mentioned and all were satisfactory.

FOOD.

Milk Production.

The supervision of the retail distribution of milk was continued at a high level throughout the year; this includes of course sampling for the methylene blue test and biological examination. The tendency noted last year of the diminution of producer-retailers and the extension of the attestation scheme of the Ministry of Agriculture, Fisheries and Food was continued. At the end of the year there were few producer-retailers whose herds were not attested and the amount of undesignated milk being sold was negligible.

The sampling was confined mainly to producer-retailers whose milk is not tested elsewhere, of which there were about 117 at the end of the year. It is interesting to note that during 1956 no T.B. positive samples of milk were found on biological examination.

Apart from the producer-retailers there were 18 firms registered as retailers and distributors of milk, 14 firms were issued with licences under the Milk (Special Designation) (Raw Milk) Regulations, 1949, authorising them to sell Tuberculin Tested milk within the district, eight firms held Dealer's Licences under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 authorising the use of the designation "Pasteurised" and three "Sterilised". In addition, two dairies were registered under the Food and Drugs Acts, 1938 to 1950 and the Milk and Dairies Regulations, 1949. Supplementary licences were held by three firms authorising the designations "Tuberculin Tested", "Pasteurised" and "Sterilised" respectively.

Ice-Cream.

Ice-cream manufacturers and retailers were visited frequently and their products sampled as in former years. There were at the 31st December, 97 retailers of ice-cream registered, of these nine are also registered as manufacturers.

In one case the temperature of the ice-cream was found to be above 20°F. and was returned to the manufacturer for re-processing. No other contravention of the Ice-Cream (Heat Treatment) Regulations was found.

Information on all tests was sent to retailers as soon as received. Any results below Grade 2 were followed by a visit.

Food Premises (General)

The total number of food shops of all sorts was 296. Details of these and repairs and improvements are set out in Appendix No. 4.

The inspection of these and all other food premises, including licenced premises, was intensified during the year with the coming into operation of the Food Hygiene Regulations, 1955.

Early in the year I was privileged to attend a meeting at Barnsley which was addressed by Mr. Morley-Parry, then Food Hygiene Officer of the Ministry of Agriculture, Fisheries and Food, during which there was a very full discussion of the new requirements. Following this meeting a schedule was prepared by the North Eastern Centre of the Sanitary Inspectors' Association. After consideration of this document in Sub-Committee and Committee it was accepted as a basis for the administration of the Regulations within this District. All food handlers were afterwards circularised with simplified details of the new Regulations. These communications were followed up by visits by your Inspectors when it was pointed out how the premises fell short of the improved standards laid down.

Whilst one or two cases of difficulty did arise during the year, particularly in small shops with houses attached, the response by traders to the requirements was reasonably good.

Article 16 of the Regulations, which requires a wash-hand basin to be fixed in addition to a sink was the one which created the most controversy and I do not doubt that until there is some case law on this point, difference of opinion and interpretation will continue to arise. Although all premises were visited at least once during the year, all had not been re-visited after the Regulations had become fully operative.

It is somewhat early yet to assess the value of this newest approach to food hygiene but I would suggest that preliminary results are encouraging and that traders generally are becoming more aware of the need for care in handling food.

There are, unfortunately, a very few traders who do not keep their shops as clean as they should and unless some improvement is made by informal action in the near future, I shall be compelled to draw your attention to their shortcomings at one of the monthly meetings of your Public Health Committee.

Meat.

So far as can be ascertained all animals intended for food, including sheep and horses, were inspected after slaughter. The numbers killed showed a considerable increase, particularly of pigs in the Bradley slaughterhouse.

There were seven slaughterhouses licenced and six were maintained in reasonably good condition. Whilst there was some improvement in the slaughterhouse mentioned last year as being somewhat unsatisfactory as to cleanliness, there was still room for improvement.

Whilst every effort will continue to be made to inspect all animals killed, Sunday slaughtering is imposing some very onerous weekend work on your Inspectors. This Sunday slaughtering has shown a steady increase throughout the year and apparently has not yet reached its upper limit.

The arrangements for condemned meat to be collected by an outside firm was continued and did not create any difficulty. In every case the meat was well slashed and coloured with green dye before collection.

Further details of meat and other food rejected are contained in Schedules Nos. 5, 6 and 7.

It was not found necessary to seize any article of unfit food, all were surrendered voluntarily.

SANITARY INSPECTIONS.

The inspection and re-inspection of premises in the investigation for the various aspects of your Inspectors' duties continues to take up a considerable part of the time available and the numbers whilst at first sight appearing to be uninteresting, do give an indication of the trend of the work involved. The inspections made are important not just as inspections but as they represent our contacts with the General Public and it is through these contacts that most of the work can be accomplished without formal action. The numbers again show an increase over last year.

In spite of informal action and persuasion there were some cases in which this action did not have the desired result. These cases and those where informal action only was necessary are set out in the tables in the schedule.

SANITARY ACCOMMODATION.

The conversion of waste water closets to fresh water closets was continued at the sole expense of owners of property. The numbers are somewhat similar to all post-war years. In spite of the decision of the Council that applications for assistance towards the cost of the conversion of pail closets to water closets should be considered, each case to be on its own merits, no grants were made during the year. I am strongly of the opinion that the assistance to be given should be set out clearly as a set sum of half the cost, whichever is the smaller, otherwise I am sure that no great advance will be made in this branch of the work. Details of the work accomplished are set out in table 11.

DRAINAGE.

The inspection of all new drainage put in was continued and in all cases where this was possible a water test was imposed. The high standard of workmanship reported last year was continued.

The lengths tested were:-

1,531 yards of 4" drain.
25 yards of 4" cast iron drain.
37 yards of 6" drain.

BUILDING WORK.

The supervision of all private house and other building work was continued throughout the year by the technical staff of the Health Department, details are given in Appendix 12. These figures also include details of Council construction, for which I am indebted to your Engineer and Surveyor.

The number of new houses built for private enterprise is again very low, although greater than last year; no houses whatever were put up for sale by speculative builders. Building costs undoubtedly had a large bearing on this.

HOUSING.

Numerical statistics relating to housing are given in Appendix 13. The provisional programme of sub-standard houses which are to be inspected in detail with a view to further action was finally accepted by the Council and the numbers sent to the Minister of Housing and Local Government.

During the year representations by your Medical Officer of Health in respect of five proposed Clearance Areas in Cononley, Crosshills and Farnhill were not acted upon as recommended. In some cases the houses were closed, but in others no action whatever was taken although they were quite sub-standard. I am very concerned at the lack of uniformity between houses being dealt with in various parts of the District, some of the houses mentioned above which have not had action taken against them being in worse condition than others which have been demolished or closed. One Clearance Order was made, and in the absence of any appeal from the owner the Order was confirmed before the end of the year.

A Hearing conducted by a Technical Officer of the Ministry of Housing and Local Government was held at Gargrave in respect of the Gargrave No. 3. Clearance Order. The Order was later confirmed.

At the end of the year, there were two known cases of statutory overcrowding in the District. Two new cases came to light during the year, and although two cases were relieved, the total at the end of the year was the same as on the 31st December, 1955.

IMPROVEMENT GRANTS.

Interest in the improvement of older property with the aid of a grant was again shown mainly by owner-occupiers of property.

It is unfortunate that on economy grounds the maximum grant was reduced from one half to one third of the permitted expenses, as this, I believe did deter several prospective applicants whose means were barely adequate, from undertaking modernisation. As hitherto the number of actual applications made is very much lower than enquiries received, and the time spent in inspecting properties and interviewing owners was much greater than would be supposed from the figures given. As set out in the Appendix the number of applications approved was 34.

All cases included new internal bathroom and sanitation, and in many cases the installation of hot water system, septic tank drainage and remedial measures against rising and penetrating dampness. As in former years the standard adopted was similar to that used in Council house construction, and whilst no objection was raised to standards superior to this, grants were assessed on a utility basis. The total expenses approved amounted to £15,883. 12. 5d., and the approved grant aid to £6,671. 0. 0. The grants actually paid during the year amounted to £7,267. 0. 0.

MOVEABLE DWELLINGS.

There are six licensed sites for more than two caravans within the District. The largest of these which is licensed for 130 caravans, is situated at Long Ashes, Threshfield, and is a very good example of the recreational site, being in a very secluded position well screened with trees. There are twenty water closets in blocks at convenient points on the site and the whole is run on sound lines and gives no trouble from a Sanitary Administration point of view. A smaller site at High Mill, Addingham is situated in an almost equally secluded place at the back of the Wharfe and is also provided with fresh water closets, is well run and gives no trouble.

Eighteen licences covering individual caravans were operative.

Some difficulty has been experienced during the year from itinerant caravanners parking for more than the times permitted in the Town and Country Planning Act and the Public Health Act. In a District such as yours unless a very close watch is kept a rash of caravans is apt to break out on the landscape. Considerable time and effort was expended in keeping watch to prevent this happening. Your indulgence is requested if some unauthorised vehicles are missed.

PUBLIC CLEANSING AND SALVAGE.

Only minor modifications of the refuse cleansing service were necessary during the year; these were the termination of the contract for the collection of nightsoil in Buckdon Parish and in consequence the taking over of the duties by your own staff.

For your further information, tables giving particulars of cost, tonnage collected and income are given in Appendix No.15.

It was decided during the year that the Windbank Quarry, Kettlewell which had been used for a number of years for tipping refuse from Kettlewell village should be closed as it was full enough to give a reasonably finished appearance. Tipping ceased during the year and notice was given to the owner of the lease but it was not found possible to complete the levelling and tidying of the surface. This process, as formerly, was rendered more difficult by unauthorised tipping long after Council usage had finished.

The lease for Knipe Wood Quarry to replace Windbank was completed and tipping at Knipe Wood was started during the year.

The use of Addingham refuse tip was also terminated and a good deal of tidying and covering work was done there.

As it had been found in practice that having regard to all the factors involved it would be cheaper to haul the refuse from Addingham to Cononley tip, the negotiations which had been commenced for a new tip site in Addingham were not pursued beyond the preliminary stage.

The refuse tip at Salterforth Lane was filled during the year and its use was discontinued. Arrangements were made with the Barnoldswick Urban District Council for Salterforth refuse to be deposited on their tip, a very modest charge being made for this service.

During the year also a report was presented to the Public Health Committee concerning Eshton tip which receives the refuse from Gargrave and District. This tip was filling fast and negotiations were started for a site for the disposal of refuse at Butterhaugh on the Broughton Road, Gargrave, near the site of a former refuse tip which the Council still lease. Planning permission was obtained during the year but negotiations for the purchase of the site had not been completed.

During the year the Karrier No. 2 vehicle was replaced by a 10 cubic yard Dennis vehicle and the old wagon was kept for use as spares. The keeping of this vehicle was a wise choice and a good deal of money has and will continue to be saved by using parts stripped from this vehicle as necessary on the other two Karrier waggons. The vehicles in use at the end of the year were numbered 1 to 7; 1, 2, 3 and 7 being Dennis vehicles and 4 and 5 Karrier Bantams. Vehicle No. 6 is the Ford 2 cu. yd. collector which has been modified to carry the men to and from work.

The market for salvaged waste paper and cardboard showed a marked deterioration during the year and the Thames Board Mills which are under contract to purchase all the collections asked the Council, in common with all other suppliers, to accept a voluntary limitation of supplies amounting to about 90% of former collections, the price paid to be maintained at the same level per ton. This limit was agreed to; the result is a somewhat lower income from this source than was anticipated.

In the light of the difficulty re tonnage, as much sorting of the waste paper as labour available permitted was done so that maximum advantage could be taken of the increased price for higher grade material.

I understand that so far as the Thames Board Mills are concerned, the limitation is temporary as a new board machine is being installed which it is hoped will be in operation during 1957. I am informed that when the machine is running all the waste paper that Local Authorities can supply will be needed although obviously it will take some considerable time to absorb all the enormous stocks held at the Mills. One interesting feature set out in the report of the Waste Paper Recovery Association for 1956 is that exports of waste paper as such are increasing. In the light of the above difficulties no publicity on waste paper collection was undertaken and collections were allowed to diminish a little. Stock in hand at the end of the year was negligible and none had to be destroyed.

The Powell press was modified by the addition of side screens and bins to collect at least a proportion of the dust which inevitably arises from the handling of waste paper. This modification was accepted by representatives of the Men's Union as being reasonable having regard to the length of working time of the machine. The press worked throughout the year without breakdown or major difficulty arising.

During the year a subsidy scheme was introduced by the Joint Scrap Survey District Committee under which a guaranteed price of £4 per ton was offered for all scrap tins and light iron produced on the tip. The scheme was accepted and every effort was made to get out as much scrap from the refuse as possible without extra labour being employed. It is doubtful whether the price would be adequate if labour were to be employed exclusively for the purpose of extracting metal but quite apart from the value of the scrap a more solid tip can be achieved if as many hollow receptacles as possible are taken out as tipping goes on.

The collection of trade waste, including paper, was continued throughout the year at a nominal charge of 10/- for twenty six collections.

The bonus of 10% paid to the workmen engaged in cleansing work was continued throughout the year and emphasis was laid on the salvage of ferrous and non-ferrous metals and rags instead of paper.

The composting of nightsoil was continued and a ready sale for the resultant manure was found. Now that this process has become more established I suggest that the construction of more permanent bays for the treatment of the material should be considered at an early date.

The income from salvage is set out in Appendix 16 to which your attention is drawn.

The dustbin hiring scheme under Section 75 (3) of the Public Health Act, 1936 was continued throughout the year and with the rise in the price of bins more people were taking advantage of this scheme. Whilst bins were still sold to ratopayers who wanted them on this basis, the hiring scheme was far more popular. Standard bins are being stocked at Cononley Depot, B.S.S. $2\frac{1}{2}$ cu.ft. for the weekly collection areas and "Sims Universal" bins, which have a capacity of about $3\frac{1}{2}$ cu.ft. for the areas which are visited only on alternate weeks.

SMOKE CONTROL.

The year being reported upon saw the passing of the Clean Air Act although it did not come into operation immediately, there being no operational date set out. Parts of the Act were brought into operation on the 3rd December by the Clean Air Act (Appointed Day) Order, 1956 and more will be written on the Act in later reports.

The main sources of atmospheric pollution in the District continued to be from the three lime burning plants within the Area. Following my communication with the Department of Scientific and Industrial Research and the National Smoke Abatement Society some years ago, I have been in touch with the managements of these plants from time to time but it appears that the state of knowledge at high level is not yet far enough advanced to be able to institute a method of lime burning on a commercial scale to give a product of the required purity without producing smoke in the process. Some experiments to this end were made during the year at a plant within the district but owing to various technical difficulties they were abandoned. It is interesting to note that the lime burning is included in those processes which the "Beaver" report recommended should be transferred to the "Alkali Works Inspectorate" but no Order implementing this recommendation has yet been made.

Timed smoke observations on other factory chimneys did not reveal any contravention of the periods mentioned in the Byelaws.

Following representations to a factory management made during last year an obsolete type of boiler was replaced by a Lancashire boiler with a chain grate stoker. This has resulted in a good deal less smoke being emitted from the particular factory. At the same factory the installation of flue gas washing plant has also reduced considerably the amount of grit being emitted which used to give rise to periodical complaints from local residents.

FACTORIES AND WORKSHOPS.

The inspection of factories for all purposes within the purview of the Council was continued at a high level throughout the year and numerical details are given in Appendix No. 17.

Following a disastrous factory fire in Keighley a much greater appreciation of the need for certificates under Section 34 of the Factories Act, 1937 was shown by factory management. Considerably more time than in former years was spent in detailed inspections of factories with the object of assessing and if necessary increasing the adequacy of the fire exits. Means of escape were improved by making doors open outwards, making fresh exits and alterations and additions to staircases in 3 cases, and 5 new or amended certificates were issued.

Outworkers all engaged in burling and mending of textiles were visited from time to time following the statutory returns from employing firms. Extracts from the returns were sent to neighbouring districts as appropriate.

STORAGE OF PETROLEUM SPIRIT.

Licences authorising the keeping of petrol, petroleum mixtures and/or carbide of calcium were issued. These licences authorise the storage of 162,600 gallons of petrol and 112 lbs. of carbide of calcium.

Little time could be spent during the year in inspections of premises but with the introduction of petrol rationing late in the year more inspections to try to find contraventions are obviously necessary and will receive attention in the coming year.

DIRTY AND VERMINOUS HOUSES.

No dirty houses were found and no infestations with bed bugs or fleas. The treatment of factory canteens for cockroach infestations was carried out by the Rodent Operative.

RODENT CONTROL.

The period covered in this section is from 1st April, 1956 to 31st March, 1957 and shows little change from last year.

Two modified sewer maintenance treatments were carried out and the infestations were found to be very light.

In addition to the sewers, sewage works and refuse tips were given regular treatment and whilst in one or two cases this treatment could not be as regular as I should have liked, conditions generally on the Council's premises were reasonably satisfactory.

The activities of your Operative during the year served to confirm that the rodent population is being steadily reduced both in the sewers and on the surface by scientific block control methods and the co-operation of householders in reporting any rats seen, is encouraged by the absence of any charge for infestations found in private houses. Business premises and farms are charged on a time and material basis and I think that in the main the Public are satisfied with the service being given. Factories are dealt with by the Operative at regular intervals.

An effort was made to extend the search for rats to farm buildings and lands, as the Agricultural Executive Committee are apparently doing much less of this class of work than hitherto.

The Council are reminded that under the Prevention of Damage by Pests Act, 1949 they are the responsible Authority, should the Agricultural Executive Committee diminish their activities still further, I consider that some consideration should be given to providing the Rodent Operative with some means of mechanised transport to make it possible for him to cover a larger area.

It was not found necessary to service notice under the Act mentioned during the year. A numerical report on rodent control is given in Appendix No. 18.

TABLE 1.

RAINFALL RECORDS.
(in inches)

	<u>Bolton Abbey.</u>	<u>Banknewton.</u>	<u>Winterburn.</u>
January	4.26	5.08	4.44
February	1.67	1.50	1.39
March	1.42	1.57	1.22
April	2.55	2.21	3.16
May	1.55	2.26	2.23
June	2.53	3.15	5.33
July	4.59	5.44	5.54
August	7.7	8.86	9.38
September	4.26	4.12	5.21
October	2.05	2.59	2.69
November	1.08	1.38	1.88
December	4.39	4.05	5.41
	38.05	42.21	47.88

- continued -

The average rainfall for the twelve months at 42.72

The average rainfall recorded in the afore-mentioned parishes for the last five years:-

1955	29.95
1954	50.29
1953	33.36
1952	34.76
1951	42.41

TABLE 2.

MILK SAMPLING RESULTS.

	<u>No. of samples.</u>	<u>Methylene Blue Test.</u>		<u>Phosphatase Test.</u>		<u>Turbidity Test.</u>	
		<u>Satis.</u>	<u>Unsatis.</u>	<u>Satis.</u>	<u>Unsatis.</u>	<u>Satis.</u>	<u>Unsatis.</u>
Undesignated Milk	51	47	4	-	-	-	-
Tuberculin Tested	164	158	6	-	-	-	-
Pasteurised	5	5	-	5	-	-	-
T.T. (Pasteurised)	10	10	-	10	-	-	-
Sterilised	2	-	-	-	-	2	-
	232	220	11	15	-	2	-

The under-mentioned samples were also submitted to the biological test, in addition to the tests enumerated above.

<u>Designation of Milk.</u>	<u>Negative.</u>	<u>Positive.</u>
Undesignated milk	34	-
Tuberculin Tested milk	82	-

Empty milk bottles were submitted for bacteriological examination to check the efficiency of washing plants with the results as set out below.

<u>No. of batches.</u>	<u>No. of bottles.</u>	<u>No. Satisfactory.</u>	<u>No. Doubtful.</u>	<u>No. Unsatisfactory.</u>
16	48	36	6	6

The total number of samples taken and submitted for laboratory examination including the 16 groups of milk bottles was 248.

TABLE 3.

ICE-CREAM SAMPLING.

Registered retailers of Ice-Cream	97
-----------------------------------	----

Registered manufacturers and retailers of ice-cream (included in above figure)	9
---	---

SUMMARY OF RESULTS OF LABORATORY EXAMINATION.

Grade 1.	101
Grade 2.	24
Grade 3.	2
Grade 4.	3
Total:	<u>130</u>

TABLE 4.

REPAIRS, IMPROVEMENTS, ETC., TO FOOD PREPARING
PREMISES.

Re-decoration carried out	30
New sinks installed	10
Hot water provided	4
Wash hand basins provided	15
Soap, nail brushes and clean towels provided to wash hand basins	15
Dishwashing machines installed	1
Cupboards provided for clothing	3
Premises ratproofed	2
Ceilings re-plastered	4
New floors laid or floors repaired	3
First aid boxes provided	45
Walls re-plastered	3
Counters, etc., covered with impermiabile material	1

FOOD SHOPS AND CATERING ESTABLISHMENTS.

The total number of food shops etc., within the district is 296 and details as to the type and number of premises are given below:-

General Food Shops	5
Grocers' Shops	48
Butchers' Shops	28
Cafes, Canteens and Restaurants	29
Fried Fish Shops	17

Ice-Cream Premises	16
Licenced Premises	36
General Food Shops and Bakehouses	9
General Food Shops, Bakehouses and Ice-Cream Premises	2
General Food Shops and Ice-Cream Premises	16
General Food Shops, Bakehouses, Cafes, Canteens and Restaurants and Ice-Cream Premises	1
Grocers' Shops and Bakehouses	6
Grocers' and Butchers' Shops	2
Grocers' Shops and Cafes, Canteens and Restaurants and Ice-Cream Premises	1
Bakehouses, Butchers' Shops and Ice-Cream Premises	1
Cafes, Canteens and Restaurants and Licenced Premises	23
Cafes, Canteens, Restaurants and Ice-Cream Premises	12
Cafes, Canteens, Restaurants, Ice-Cream and Licenced Premises	1
General Food Shops, Cafes, Canteens, Restaurants and Ice-Cream Premises	2
Grocers' and Butchers' Shops and Ice-Cream Premises	1
Grocers' Shops, Cafes, Canteens and Restaurants	1
Grocers' and Fried Fish Shops	1
Grocers' Shops and Ice-Cream Premises	32
Greengrocers' and Fishmongers Shops	6

TABLE 5.

CARCASSES INSPECTED AND RESULTS OF INSPECTION.

Class of Animals.	Cattle ex. Cows.	Cows.	Calves.	Sheep.	Pigs.	Horses.
Number killed and inspected	656	256	8	1,598	9,282	11
Disease and Conditions other than Tuberculosis.						
Whole carcasses unfit	1	7	-	-	4	-
No. of cases where parts or organs unfit	51	16	1	16	524	-
% affected	7.93	8.98	12.5	0.99	5.69	-
Tuberculosis.						
Whole carcasses unfit	3	9	-	-	-	-
No. of carcasses where parts or organs unfit	46	84	2	-	99	-
% affected	7.47	36.33	25	-	1.07	-
Cysticercosis						
Carcasses of which some part or organ was condemned	3	2	-	-	-	-
Carcasses submitted to treatment by refrigeration (inc. in above)	3	2	-	-	-	-

TABLE 6.

No. of Animals Inspected during the year.

<u>Beef.</u>	<u>Calves.</u>	<u>Sheep.</u>	<u>Pigs.</u>	<u>Horses.</u>
912	8	1,598	9,282	11

Amount of meat and organs surrendered and destroyed or directed to animal feeding: 17,579 lbs.

Analysis of unsound meat and organs destroyed or directed to animal feeding.

	<u>Meat.</u> <u>Lbs.</u>	<u>Organs.</u> <u>Lbs.</u>
Beef.	11,329	3,186
Pork.	1,888	1,143
Mutton.	-	33
	<u>13,217</u>	<u>4,362</u>

Type of Disease.

Weight.
Lbs.

Tuberculosis	10,751
Moribund	1,120
Fever	1,095
Bruising	730
Septic pericarditis	450
Pyrexia	450
Oedema and injury	415
Septicaemia	400
Plourisy	371
Distomatosis	287
Abscesses	224
Pericarditis	217
Actinobacillosis	161
Peritonitis	102
Pneumonia	102
Enteritis	85
Hyperaemia	70
Infarcts	69
Mastitis	66
Necrosis	58
Decomposition	49
Ascaris Lumbricoides	43
Septic arthritis	40
Fibrosis	32

- continued -

<u>Type of Disease.</u>	<u>Weight Lbs.</u>
Fatty degeneration	29
Cysticercus bovis	22
Pentastomes	17
Immaturity	16
Cirrhosis	15
Telangiectosis	14
Parasites	10
Hydated Cysts	8
Cysticercus tenuicollis	8
Wandering flukes	8
Maggots	8
Inflammation	7
Hypertrophy	4
Urinary cysts	4
Septic injury	3
Chronic hepatitis	3
Nephritis	2
Tumours	2
Cysts	1
Hydronephrosis	1
	<hr/>
	17,579
	<hr/>

<u>Type of Carcase.</u>		<u>Weight.</u>	
	<u>Meat. Lbs.</u>		<u>Organs. Lbs.</u>
<u>Beef.</u>			
Abscesses	55		92
Actinobacillosis	157		4
Bruising	620		50
Cirrhosis	-		15
Cysticercus bovis	7		15
Distomatosis	-		272
Decomposition	28		21
Fever	610		100
Fibrosis	-		22
Hyperaemia	70		-
Hypertrophy	-		4
Hydated Cysts	-		8
Infarcts	-		2
Inflammation	-		2
Maggots	-		8
Mastitis	-		6
Moribund	1,018		102

- continued -

Type of Carcase.

Weight.

	<u>Meat.</u> <u>Lbs.</u>	<u>Organs.</u> <u>Lbs.</u>
Necrosis	-	15
Nephritis	-	2
Oedema and injury	375	2
Pentastomes	-	13
Peritonitis	100	-
Pleurisy	-	6
Pneumonia	-	8
Pyrexia	400	50
Septic pericarditis	400	50
Septicaemia	350	50
Telangectosis	-	14
Tuberculosis	7,139	2,245
Urinary cysts	-	2
Wandering flukes	-	8
	<u>11,329</u>	<u>3,186</u>

Pork.

Pneumonia	-	94
Abscesses	50	22
Ascaris Lumbricoides	-	43
Bruising	54	6
Cysticercus tenuicollis	-	8
Cysts	-	1
Chronic hepatitis	-	3
Distomatosis	-	1
Enteritis	65	20
Fatty degeneration	-	29
Fever	340	45
Fibrosis	-	10
Hydronephrosis	-	1
Immaturity	14	2
Infarcts	-	67
Injury and oedema	40	-
Inflammation	-	5
Mastitis	-	10
Necrosis	-	43
Pericarditis	-	217
Pleurisy	-	365
Peritonitis	-	2
Septic injury	3	-
Septic arthritis	-	40
Tumours	2	-
Tuberculosis	1,310	57
Urticaria	10	-
Urinary cysts	-	3
	<u>1,888</u>	<u>1,143</u>

- continued -

<u>Type of Carcase.</u>	<u>Meat.</u> <u>Lbs.</u>	<u>Weight.</u>	<u>Organs.</u> <u>Lbs.</u>
Abscesses	4		5
Distomatosis	4		14
Parasites	4		10
Pentastomes	4		4
			<u>33</u>

TABLE 7.

MEAT AND OTHER FOOD FOUND TO BE UNFIT FOR
HUMAN CONSUMPTION.

<u>Food.</u>	<u>Weight.</u>		<u>Condition.</u>
	<u>Lbs.</u>	<u>Ozs.</u>	
Canned Fruit	64	4	Blown and damaged cans, blown cans, punctured and leaking cans, rusted or seriously damaged cans, decomposition of contents.
Canned vegetables	15	5	Blown and damaged cans, blown cans, badly rusted or seriously damaged condition of cans.
Canned corned beef	13	12	Blown and damaged cans, holed cans, blown can and decomposition of contents.
Canned stewed steak	8	12	Blown and damaged cans, blown, badly rusted or seriously damaged cans.
Frozen egg	14	0	Decomposition of contents.
Canned milk	2	5	Blown and damaged cans.
Canned ready dinner	1	8	Blown and damaged can.
Canned rabbit	1	8	Blown and damaged cans.
Canned rice		15½	Damaged container, decomposition of contents.
Bottles of tomato ketchup 1		10	Damaged containers and decomposition of contents.

- continued -

Food.	Weight.		Condition.
	Lbs.	Ozs.	
Steak fillets		6	Blown and damaged cans.
Canned pork luncheon meat	11	2	Damaged cans, decomposition of contents.
Canned ox tongue	6	4	Decomposition due to punctured and rusty can.
Seeded raisins	60	0	Infestation with pupae of insect
Bottled piccalilli	3	8	Damaged cap, decomposition of contents.
Canned marmalade	3	0	Blown, badly rusted or seriously damaged cans.
Canned crab		7	Blown and damaged can.
Bottled red cabbage		10	Damaged container.
Beef paste		8	Damaged container.

TABLE 8.

SANITARY INSPECTIONS AND VISITS.

Accumulations and Deposits	9
Dustbins	184
Other Nuisances and Visits	193
Closets: Defective	17
Conversions	30
Additional	76
Drains: Defective	114
Blocked	2
New	234
Tested	139
Dirty and Verminous Houses	5
Hairdressers' Shops	20
Foundations	30
Damp Proof Courses	14
New Buildings	204
Completion of Buildings	142
Defective Flues and Fireplaces	3
Defective Floors	1
Factories: with mechanical power	127
without mechanical power	1
Housing (Public Health Act)	20

- continued -

(Housing Act)	793
(Other Visits)	37
Infectious Disease: Enquiry	25
Disinfection	3
Keeping of Animals	3
Knackers' Yards	3
Flooding in Cellars	10
Outworkers	8
Overcrowding	4
Petroleum	24
Rain Conductors	3
Rodent Control	14
Refuse Collection and Disposal	364
Septic Tanks	30
Sinks	2
Schools	2
Smoke: Timed observations	4
Visits to boiler plant	4
Tents, Vans and Sheds	59
Water Supply	51
Bakehouses	44
Butchers' Shops	61
Catering Establishments (Cafes, Hotels etc.)	70
Licensed Premises	73
Dairies	2
Fried Fish Shops	32
Grocers	149
Ice-Cream Premises	9
Other Food Premises	78
Slaughterhouses	4
Stalls	5
Meat Inspection (Slaughterhouses)	674
Distribution of Milk	2
Sampling Milk (Bacteriological)	250
Sampling Water (Bacteriological)	148
Sampling Water (Analysis)	17
Ice-Cream Sampling (Bacteriological)	131
Specimens	131
Unsound Food	8

TABLE 9.

SANITARY REPAIRS AND/OR IMPROVEMENTS CARRIED
OUT BY INFORMAL ACTION.

Dangerous structure removed	1
Defective floors re-laid or repaired	5
Anti-fly precautions required	1
Defective closets repaired or renewed	5
Blocked drains cleared	3
Insanitary or defective sinks replaced	3
Defective flues repaired	2
Defective drains re-laid or repaired	4
Leaking rainwater conductors renewed or repaired	6
Rat proofing carried out	1
Defective ceiling and wall plaster made good	5
Defective bins replaced (including those supplied by the Council)	31
Leaking roof repaired	1
Defective window woodwork renewed	1
Sanitary accommodation provided	1
Accumulation removed	2
Defective coal store repaired	1
Water supply improved	1

TABLE 10.

SUMMARY OF NOTICES UNDER THE HOUSING ACT AND
PUBLIC HEALTH ACT.

<u>Parish.</u>	<u>Informal Notices.</u>	<u>Complied With.</u>	<u>Statutory Notices.</u>	<u>Complied With.</u>	<u>Under- tak- ings accept- ed.</u>	<u>Dem- olition Orders.</u>	<u>Closing Orders.</u>
Addingham	9	5	-	-	1	-	4
Appletreewick	1	1	-	-	-	-	-
Bradley's Both	-	1	-	-	-	-	-
Buckden	6	2	-	-	-	-	-
Burnsall	1	-	-	-	-	-	-
Calton	1	-	-	-	-	-	-
Carleton	12	5	-	-	-	-	-
Conistone-with-							
Kilnsey	3	1	-	-	-	-	-
Cononley	9	1	-	-	-	2	9
Cowling	1	-	-	-	2	-	-
Cracoe	3	3	-	-	-	-	-
Draughton	1	1	-	-	-	-	-

- continued -

<u>Parish.</u>	<u>Informal Notices.</u>	<u>Complied With.</u>	<u>Statutory Notices.</u>	<u>Complied With.</u>	<u>Under- tak- ings accept- ed.</u>	<u>Demol- ition Orders.</u>	<u>Closing Orders.</u>
Elslack	2	2	-	-	-	-	-
Embsay-with-Eastby	5	2	-	-	-	-	1
Farnhill	5	2	-	-	1	1	1
Flasby-with-							
Winterburn	1	-	-	-	-	-	-
Gargrave	10	8	-	-	-	2	-
Glusburn	6	7	-	-	1	-	3
Grassington	5	2	-	-	-	-	-
Hazlewood-with-							
Storiths	1	1	-	-	-	-	-
Hebden	1	1	-	-	-	1	-
Kettlewell-with-							
Starbotten	1	-	-	-	-	-	-
Linton	2	-	-	-	-	-	-
Lothersdale	-	1	-	-	-	-	-
Salterforth	5	2	1	1	-	-	-
Stocton-with-							
Eastburn	5	1	-	-	1	-	-
Sutton	7	6	-	-	1	-	2
Thornton	1	1	-	-	-	-	-
Threshfield	-	1	-	-	-	-	-
	104	57	1	1	7	6	20

TABLE 11.

NEW SANITARY ACCOMMODATION AND ALTERATIONS TO EXISTING
CONVENIENCES.

<u>Parish.</u>	<u>Pails convert- ed to W.Cs.</u>	<u>W.W.Cs. convert- ed to W.Cs.</u>	<u>Addition- al W.Cs. provided to old property.</u>	<u>Additional W.Cs. to new property.</u>
Addingham	—	1	4	—
Banknewton	—	—	1	—
Bradley	—	1	1	—
Carleton	—	3	2	—
Conistone-with-				
Kilnsoy	1	—	—	—
Cononloy	—	—	4	—
Cowling	1	2	1	—
Draughton	1	—	1	—
Elslack	1	—	—	—
Embsay-with-				
Eastby	—	—	2	—
Farnhill	—	2	2	—
Gargrave	—	—	3	—
Glusburn	—	6	8	7
Grassington	—	—	5	—
Kettlewell-with-				
Starbotten	1	—	4	—
Kildwick	—	—	—	2
Lothersdale	1	—	—	—
Rylstone	1	—	—	—
Salterforth	—	4	3	—
Steeton-with-				
Eastburn	—	8	11	—
Sutton	—	6	8	—
Threshfield	1	—	1	—
	8	33	61	9

TABLE 12.

HOUSES AND CONVERSIONS TO HOUSES, ETC.

	Addingham	Bradley	Cononley	Embsay	Gargrave	Glusburn	Grassington	Lothersdale	Steeeton	Thornton	Threshfield	Total:
Council Houses	4	-	4	-	10	26	-	-	-	-	-	44
Council Flats	-	-	-	-	-	-	4	-	-	-	-	4
Buildings converted to Houses etc.	-	-	-	-	-	-	-	-	-	-	-	-
Private Houses	3	3	-	2	4	1	1	2	3	1	-	20
Conversion of one house to two	-	-	-	-	-	-	-	-	-	1	1	2
No. of water closets in above houses	8	4	4	2	15	27	5	4	4	2	1	76
No. of baths in above houses	7	3	4	2	14	27	5	2	3	2	1	70
No. with Council water laid on	7	3	4	2	14	27	5	-	3	2	-	67
No. with Private water from Statutory or Private undertakings	-	-	-	-	-	-	-	2	-	-	1	3
No. connected to sewer	7	3	4	2	14	27	5	-	3	2	-	67
No. connected to septic tank	-	-	-	-	-	-	-	2	-	-	1	3

TABLE 13.

HOUSING STATISTICS.

Number of dwelling houses in the District	8,415
Number of back-to-back houses included in above	311
1. Inspection of dwelling houses during the year	
(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	159
(b) Number of inspections made for the purpose	993
(2) (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations.	118
(b) Number of inspections made for the purpose	793
(3) Number of dwelling houses needing further action:-	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	334
(b) Number (excluding those in sub-head (3) (a) above), found not to be in all respects reasonably fit for human habitation	30
2. Remedy of defects during the year without service for informal notices.	
(a) Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	10
(b) Number of defective dwelling houses (excluding those shown in (a) above), in which defects were remedied as a result of informal action	35
3. Action under Statutory Powers during the year.	
A. Proceedings under Section 9, 10 and 16, Housing Act, 1936:-	
(1) Number of dwelling houses in respect of which formal notices were served requiring repairs	1

(2) Number of dwelling houses which were rendered fit after service of formal notices:-

(a) By owners

(b) By Local Authority in default of owners

B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied 12

(2) Number of dwelling houses in which defects were remedied after service of formal notices:-

(a) By owners

(b) By Local Authority in default of owners

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.

(1) Number of representations, etc. made in respect of dwelling houses unfit for habitation 49

(2) Number of dwelling houses in respect of which Demolition Orders were made 6

(3) Number of dwelling houses demolished in pursuance of Demolition Orders 2

(4) Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953? If so, what? 18 houses closed.

D. Proceedings under Section 12 of the Housing Act, 1936.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made 3

(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit -

E. Proceedings under Part III of the Housing Act, 1936, and the Housing Repairs and Rents Act, 1954.

(1) Number of Clearance Areas represented during the year 6

(2) Number of houses included in these areas 21

(3) Number of persons to be displaced 11

- continued -

(4) Action taken during the year in respect of Clearance Areas:-

(a) by Clearance Orders, number made 1

(b) by Compulsory Purchase Orders, number made -

(5) Number of houses in Clearance Areas demolished during the year 7

(6) Number of persons re-housed from houses demolished during the year 31

4. Housing Act, 1936 - Part IV - Overcrowding.

(a) (1) Number of dwellings overcrowded at the end of the year 2

(2) Number of families dwelling therein 2

(3) Number of persons dwelling therein 20

(b) Number of new cases of overcrowding reported during the year 2

(c) (1) Number of cases of overcrowding relieved during the year 2

(2) Number of persons concerned in such cases 11

5. New Houses

Number of new houses provided during the year

By the Local Authority:- Permanent type 48

Temporary type Nil

By Private Enterprise 20

6. Housing Act, 1949.

Section 4 - Any action in connection with advances for purposes of increasing housing accommodation? No

7. Housing Act, 1949, as amended by Housing Repairs and Rents Act, 1954.

Grants to persons other than local authorities for improvement of housing accommodation. Any action during the year?

34 applications approved. Total approved expenses in executing improvements £15,883. 12. 5. Amount of grant approved £6,671. Total amount of grant paid in 1956, £7,267.

TABLE 14.

Address	No. of Applic- ations sub- mitted.	Amount of Approved Expenses.	Amount of Grant Approved.	No. of schemes completed during year.	Total amount of grant paid.					
		£. s. d.	£. s. d.		£. s. d.					
Addingham	2	1,052	15	6	1	109	0	0		
Beansley	1	435	16	1	0					
Bordley										
Bradleys Both										
Broughton	1	953	19	0	0	1	413	0	0	
Carleton										
Cononley	4	1,602	6	5	0	0	126	0	0	
Cowling										
Crace	1	559	1	3	0	0	661	0	0	
Draughton	1	440	7	4	0	0	220	0	0	
Elslack	2	986	5	10	0	0	252	0	0	
Embsay-W-Eastby	1	659	6	5	0	0				
Farnhill										
Flasby-W-Winterburn	1	394	16	6	0	0				
Gargrave										
Glusburn	8	2,147	2	7	0	0	100	0	0	
Linton	1	977	3	4	0	0	829	0	0	
Lothersdale										
Marions Both										
Rylstone										
Salterforth	2	1,115	5	5	0	0	400	0	0	
Steeton-W-Eastburn	7	2,999	5	11	0	0	114	0	0	
Sutton	1	336	4	10	0	0	451	0	0	
Thornton	1	1,223	16	0	0	0	1,640	0	0	
Threshfield							634	0	0	
							393	0	0	
							525	0	0	
Total:	34	15,883	12	5	6,671	0	0	0	0	
							35	7,267	0	0

TABLE 15.

Parish.	No. of bins collect- ed.	No. of pails collect- ed.	Approx. No. of loads dry refuse per parish.	Approx. tonnage of dry refuse per parish.
Addingham	31,927	988	347	572 $\frac{1}{2}$
Appletreewick	1,706	628	18 $\frac{1}{2}$	30 $\frac{1}{2}$
Banknewton		No collection		
Barden	130	-	1 $\frac{1}{2}$	2 $\frac{1}{2}$
Beamsley	1,144	442	12 $\frac{1}{2}$	20 $\frac{1}{2}$
Bolton Abbey	962	338	10 $\frac{1}{2}$	17
Bordley		No collection		
Bracowell & Brogden	858	-	9	15
Bradleys Both	6,080	1,040	66	109
Broughton	600	570	7	11 $\frac{1}{2}$
Buckden	-	318	-	-
Burnsall	1,860	510	25	33
Calton	390	-	4	6 $\frac{1}{2}$
Carleton	8,894	-	96 $\frac{1}{2}$	158
Coniston Cold & Bell Busk	1,040	-	11	18
Conistone-w-Kilnsey	1,296	351	14	23
Cononley	8,138	572	88 $\frac{1}{2}$	146
Cowling	30,154	2,392	328	542 $\frac{1}{2}$
Cracoe, Rylstone & Hetton	2,886	390	25 $\frac{1}{2}$	42 $\frac{1}{2}$
Draughton	832	1,304	9	15
Elslack	718	431	8	13
Embsay-w-Eastby	9,490	-	100	165
Eshton	754	-	8	13
Flasby-w-Winterburn	546	-	6	10
Gargrave	12,980	438	136	225
Glusburn	52,892	520	575	949
Grassington	11,976	-	130	214
Halton East	650	884	7	11 $\frac{1}{2}$
Hartlington	598	-	6 $\frac{1}{2}$	11
Hazlewood-w-Storiths	546	-	6	10
Hebden	2,658	2,450	29	48
Kettlewell-w-Starbotten	250	318	4	2 $\frac{1}{2}$
Kildwick-w-Farnhill	6,318	728	68 $\frac{1}{2}$	112
Linton	2,226	234	24	39 $\frac{1}{2}$
Lothersdale	3,406	5,148	37	60 $\frac{1}{2}$
Martons Both	2,162	715	23	38
Salterforth	4,524	1,092	49	80 $\frac{1}{2}$
Steeton-w-Eastburn	44,842	-	487	803 $\frac{1}{2}$
Stirton-w-Thorlby	1,144	-	12 $\frac{1}{2}$	20 $\frac{1}{2}$
Sutton	44,117	364	479 $\frac{1}{2}$	790 $\frac{1}{2}$
Thornton	2,600	78	28	46
Thorpe	416	-	4 $\frac{1}{2}$	7
Threshfield	4,628	538	50	82 $\frac{1}{2}$

Cost per ton of collecting refuse	£1	12s.	4d.
Cost per ton of disposing of refuse		5s.	7d.
Cost per ton of collecting and disposing of refuse	£1	17s.	11d.

Cost per 1,000 head of population for:	
Collection.....	£371
Disposal.....	£68
Collection & Disposal.....	£439

Approximate tonnage collected during the year:	5,516 tons.
Approximate number of loads collected:	3,347 loads.
Approximate number of bins collected:	309,088 bins.
Approximate number of pails collected:	23,255 pails.

Revision of schedules resulted in an increase in tons collected during the year which offset to some extent the rise in costs, and in the case of disposal of refuse actually reduced the cost per ton.

TABLE 16.

SALVAGE.

The income from the sale of salvage and services rendered during the calendar year was as under:-

<u>Materials or Service.</u>	<u>Tons.</u>	<u>Cwts.</u>	<u>Qrs.</u>	<u>Lbs.</u>	<u>£.</u>	<u>s.</u>	<u>d.</u>
Mixed waste paper	111	13	0	0	855	3	10
Fibreboard	52	14	2	0	508	17	9
Newsprint	42	17	0	0	434	1	10
Books and magazines	42	4	2	0	384	17	1
Rags	1	15	1	8	44	1	7
String		7	0	11	2	13	1
Sacks, carpets, bagging, etc.		3	0	21	1	9	6
Light iron	10	7	1	0	33	10	5
Light cast iron		15	1	0	4	19	2
Cast iron	2	3	1	0	21	7	10
Bed ends, etc.	1	6	2	0	7	10	6
Alumunium		4	3	24	28	4	4
Brass				6		10	1
Lead			1	2	1	6	8
Disposal rubble and rubbish tipped, etc.					1	4	6
Loads of manure					3	0	0
Salvaged camping equipment					3	0	0
Collection and disposal of trade waste					49	2	3
					2,390	5	5

TABLE 17.

FACTORIES ACTS, 1937 and 1948.

1. INSPECTIONS for purposes of provisions as to health
(including inspections made by the Public Health Inspectors)

Premises.	Number on Register.	Inspections.	Number of written notices.	Occupiers Prosecuted.
(i) Factories in which Secs.1,2,3,4 & 6 are to be enforced by Local Authority	9	-	-	-
(ii) Factories not includ- ed in (i) in which Sec.7 is enforced by the Local Authority	123	127	20	-
(iii) Other premises in which Sec.7 is en- forced by the Local Authority (excluding out-workers' prem- ises).	-	-	-	-
TOTAL:	132	127	20	-

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars.	No. of cases in which defects were found. Found. Remedied.		No. of cases in which prosecutions were instituted.
Want of cleanliness (S.1)	-	-	-
Overcrowding (S.2)	-	-	-
Unreasonable temperature (S.3)	-	-	-
Inadequate ventilation (S.4)	-	-	-
Ineffective drainage of floors (S.6)	-	-	-
Sanitary Conveniences (S.7)	-	-	-
(a) Insufficient	3	1	-
(b) Unsuitable or defective	26	39	-
(c) Not separate for sexes	-	-	-
Other offences against the Act (not including offences re- lating to Outwork)	-	-	-
TOTAL:	29	40	-

TABLE 18.

First Treatment.Second Treatment.

Number treated.	Poison & bait base used.	Manholes showing take.	Number treated.	Poison & bait base used.	Manholes showing take.
234	Anurusk and zinc phosphide	39	50	Anurusk and zinc phosphide	19

The total number of manholes is 1,428.

The table below gives details of surface infestations dealt with.

e of Property.	No. Inspected.	Total inspect- ions including re-inspections.	No. of properties found to be infested.				Treatments including re-treat- ments.
			Rats		Mice		
			Major	Minor	Major	Minor	
age works	16	64	3	13	-	-	60
use tips	15	52	8	4	-	-	39
elling houses	163	398	23	115	2	3	363
gricultural							
emises	107	198	13	12	-	-	50
usiness Premises	75	182	-	22	15	5	76
	376	894	47	166	17	8	588

WEST RIDING COUNTY COUNCIL

DIVISION NO.1.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1956.

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2. Staff
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5. Midwifery Services
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7. Health Visiting
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9. Mental Health Service
10. Vaccination and Immunisation
11. Health Education
12. Unsatisfactory Families
13. Care and After Care
14. Ambulance Service
15. School Health Service
16. Welfare Foods Service
17. Medical Examinations.

1. GENERAL DESCRIPTION:

The Division consists of the following districts:-

	<u>Estimated Population</u>	<u>Area in Acres</u>
Silsden Urban District	5,370	7,101
Earby Urban District	5,190	3,519
Barnoldswick Urban District	10,800	2,764
Skipton Urban District	13,100	4,211
Skipton Rural District	24,090	146,071

Social conditions in this mixed urban and rural community changed little during 1956, and the local Unemployed Register, including short-time workers, never reached one hundred. Textiles, including rayon manufacture, are still the main industry; followed in numerical order of employees engaged, by Professional Services (including hospitals), Transport, Distributive Trades, the Building Industry, and Agriculture. One firm of cotton manufacturers closed down during the year, and two firms placed operatives on short-time for brief periods. The spinning section of one firm was transferred to Northern Ireland, but there were no extensions to holidays during the year which are worthy of note.

Further progress has been made in clearing slum property in all districts under the terms of "The Housing Repairs and Rents Act, 1954", but the provision of houses for families other than those displaced in this way, has been on a reduced scale.

The weather in 1956 was the reverse of that experienced in 1955, with a summer as bad as the previous year's had been good. But a mild and mainly dry autumn came as some compensation to the farming community engaged in one of the staple occupations of the area.

2. DIVISIONAL STAFF: as at 31st December, 1956.

(i) MEDICAL and DENTAL:

M. Hunter	M.B.E., M.D., D.P.H.	Divisional Medical Officer.
R.R. Stoakley	M.B., B.Ch.) Assistant County and School Medical Officers.
C. Harris	M.B., B.Ch.	
G.D.G. Cameron	M.R.C.S., L.R.C.P.) Clinic Medical Officers working on a sessional basis.
A.B. Morrison	M.B., Ch.B.	
J.M. Imrie	M.B., Ch.B.	
W.M. Burbury	M.B., D.P.M.	Consultant Psychiatrist
T.S. Severs	M.D.	Ophthalmologist

(i) MEDICAL and DENTAL - continued

X	D.G. Pickles	M.A.	Psychologist
	O.A. Long	L.D.S.	Senior Dental Officer
	J.K. Ellwood	B. Ch.D.	School Dental Officer

(ii) NURSING:(a) Divisional Superintendent Health Visitor

Miss F. Stevenson, S.R.N., S.R.C.N., C.M.B.,
Part 1, H.V. Cert.

(b) Health Visitors/School Nurses

Mrs. D. Crabtree	S.R.N., S.C.M., H.V. Cert.
Miss N. Easton	S.R.N., S.C.M., H.V. Cert.
Miss I. Fell	S.R.N., S.C.M., H.V. Cert.
Miss M. Smith	S.R.N., S.C.M., H.V. Cert.
Mrs. I.G. Roscow	S.R.N.
Mrs. B. Roberts	S.R.N., S.C.M., H.V. Cert.
Miss M. Whaley	S.R.N., S.C.M., H.V. Cert.
Miss K.M. Pritchard	S.R.N., S.C.M., H.V. Cert.

(c) Home Nurses

Mrs. V.M. Flynn	S.C.M., S.E.A.N.
Mrs. H.C. Hill	S.R.N., S.C.M.
Mrs. I. Molyneux	S.R.N., S.C.M.
Mrs. M. Parkinson	S.R.N.
Mrs. M. Pratt	S.R.N.

(d) Home Nurse/Midwives

Miss D. M. Brewer	S.R.N., S.C.M.
Miss M. Brown	S.R.N., S.C.M.
Miss E.M. Butler	S.R.N., S.C.M.
Miss C. Herbert	S.R.N., S.C.M.
Miss A.M. Hunter	S.R.N., S.C.M.
Mrs. D. Inman	S.R.N., S.C.M.
Miss P.M. Oversby	S.R.N., S.C.M.
Miss E.A. Smith	S.R.N., S.C.M.
Mrs. M.A. Howard	S.R.N., S.C.M.
Miss E. Sugden	S.R.N., S.C.M.

(e) Home Nurse/Midwives/Health Visitors

Mrs. P.M.E. Bunnett	S.R.N., S.C.M.
Mrs. B.A. Priestly	S.R.N., S.C.M., H.V. Cert.

(f) Midwives

Miss E. Barlow	S.C.M.
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(iii) OTHER STAFFMental Health

X Mrs. A.M. Dickinson S.R.N., S.C.M. (Social Worker)
 Miss M.E. Marshall M.A. (Home Teacher)

Speech Therapist

M. Buckley L.C.S.T. Resigned 30th August, 1956.

Venereal Diseases Social Worker

X Mrs. Doige-Harrison

X Service shared with other Divisions
 / Part time from Regional Hospital Board.

Home Help Staff

Full time: 5
 Part time: 39

Other Domestic Staff

Part time: 2

Administrative and Clerical Staff

Senior Clerk	1
Clerical (full time)	6
(part time)	4

Until this year it has been possible to state that the Division had a full complement of staff. That can no longer be done, for although the position had improved at the end of the year, considerable difficulty has been experienced in covering all the duties in the health visiting and home nursing services. Holidays, sickness, and attendance at refresher courses have also had to be covered either by the whole time relief nurse/midwife or the remaining members of the staff, and to them thanks are due for their willing co-operation. There seems no doubt that if adequate staff are to be attracted to the Division, steps will have to be taken to provide more unfurnished houses or flats. For where the majority of nurses also undertake midwifery it is rarely practicable to employ assistant nurses to work with those who are fully qualified.

The administrative and clerical staff continue to be more than fully occupied, although such tasks as maternity bed bookings, and the typing and duplicating of four Annual Reports are undertaken by few of the other twenty-seven Divisions in the County.

A Staff Dinner was again held in October, this being our fourth. Apart from personal enjoyment, this function is a useful means of promoting co-operation within the health and allied services by the presence of people who may otherwise rarely meet, telephone, or write to each other.

3. HEALTH CENTRES:

In the National Health Service Act, 1948, it is stated that "it shall be the duty of the local health authority to provide, equip, and maintain to the satisfaction of the Minister, premises which shall be called health centres". Few such centres have been built, and when their cost is acknowledged it is perhaps as well that their usefulness should be studied before a programme of any size is decided upon; particularly at a time when group practice is being encouraged. However, the increase in group practice must eventually be limited by physical and personal factors, and it may be that when this occurs more money will be available to build health centres, and so improve the co-operation between local authority staffs and general practitioners, to the benefit of the patients.

Much the same view was taken by the Guilleband Committee which presented its report on the cost of the National Health services during the year. This important and eagerly awaited report came as a disappointment to the many who appreciate the weaknesses of the National Health Service, and hoped that radical changes would be advocated. In effect, the report stated that the service was not unduly expensive (even with two thirds of its money being spent on hospitals), and that it would be premature to make any sweeping changes. It did, however, recommend that as Welfare is an integral part of the local health services it should be under the same administration.

With the exception of the former day nursery at Barnoldswick, this Division has no really suitable clinic premises and much inconvenience and waste of time results from having to use rented rooms. Although the buildings matter far less than the people working in them, inadequacy and inconvenience must reduce the efficiency of a service which has a limited staff.

4. CARE OF MOTHERS AND YOUNG CHILDREN.(a) BIRTHS:Public Health Act, 1936 - Section 203.

Return of births notified in the Divisional Area during the period 1st January to 31st December, 1956.

	Domiciliary		Institutional		Total
	Live	Still	Live	Still	
(a) Primary Notifications		.		.	
(i) Urban districts	70	-	289	6	365
(ii) Rural districts	42	-	265	4	311
(b) Add Inward Transfers	2	-	234	8	244
(c) Total Notifications received	114	-	788	18	920
(d) Deduct Outward Transfers	-	-	74	1	75
(e) Total Adjusted Births	114	-	714	17	845
<u>Analysis of Institutional Births:</u>					
Born in (a) Hospitals			705	17	
(b) Maternity Homes			7	-	
(c) Nursing Homes			2	-	
Total:			714	17	

(b) ANTE-NATAL CLINICS:

The object of maternity care is to ensure that every expectant and nursing mother maintains good health, learns the art of child care, has a normal delivery, and bears healthy children.

Details of our clinics and the attendances are given in table (c) on the following page. At Earby and Barnoldswick, mothercraft and relaxation exercise classes are also held, conducted by the health visitors and midwife. These are particularly appreciated by mothers expecting their first babies, who have much to learn about childbirth and care of the young baby.

(c) ANTE-NATAL CLINICS.

Name and Address of Ante-natal Clinic (whether held at Child Welfare Centre or other premises)	Number of sessions now held per month			Number of Women in attendance		Total Number of attendances made by women during the yr.		
	Combined with I.W.	Separate Sessions Doctors	Midwives only	No. of women who attended during yr.	No. of new cases incl. in Col. 5.	Comb- ined with I.W.	Sep- arate Sessions Doctors. only.	Mid- wives
Barnoldswick The Clinic The Butts	-	4	4	140	119	-	618	204
Earby Old Grammar School	-	2	4	81	65	-	361	94
Glusburn Ebenezer Sunday School	-	2	-	21	14	-	115	-
TOTAL:	-	8	8	242	198	-	1,094	298

(d) CHILD WELFARE CENTRES

Name and Address of Centre	No. of Child Welfare Sessions now held per mth.	No. of children who attended a Centre of this Local Authority during the yr. and who at their first attendance were under 1 yr. of age	No. of children who attended during yr. and who were born in			Total No. of children who attended during yr.	No. of attendances during yr. made by children who at date of attendance were:			Total attendances during year
			1956	1955	1954 to 1951		Under 1 yr.	1 but under 2	2 but under 5	
Barnoldswick The Clinic The Butts	8	147	128	89	116	333	2268	390	245	2,903
Earby, Old Grammar School	6	78	71	42	69	182	1349	249	406	2,004
Gargrave Institute	2	27	18	25	61	104	347	236	313	896
Glusburn Ebenezzer Sunday Schl.	4	78	71	48	62	181	1176	198	241	1,615
Grassington Church House	2	31	27	18	36	81	306	83	197	586
Silsden Kirkgate Sunday Schl.	4	63	56	43	50	149	702	149	189	1,040
Skipton Millfields Hall	8	104	101	75	87	263	1972	444	457	2,873

(e) MOBILE CLINICS

Name and Address of Centre	No. of Child Welfare Sessions now held per mth.	No. of children who first attended a Centre of this Local Authority during yr. and who at their first attendance were under 1 year.	No. of children who attended during the year and were born in			Total number of children who attended during the year.	No. of attendances during yr. made by children who at date of attendance were:			Total attendances during year
			1956	1955	1954 to 1951		Under 1 yr.	1 but under 2	2 but under 5	
Addingham	2	21	20	23	26	69	295	84	57	436
Bradley	2	17	11	15	19	45	268	55	21	344
Carleton	2	14	9	16	23	48	155	68	38	261
Cononley	2	17	12	12	25	49	186	88	75	349
Cowling	2	12	12	7	12	31	177	54	29	260
Embsay	2	10	10	10	21	41	124	46	53	223

(f) BIRTHS:

The total number of confinements in the home was 112 compared with 731 in hospital or maternity home. This gives an institutional birth rate of 86 compared with 58 for the West Riding Administrative County.

Whether confinements should take place in the hospital or in the home is still a matter of controversy. Thirty years ago only 15% occurred in hospitals, and although obstetrical indications are partially responsible, the main reason for the large increase in hospital confinements is social, and due to such factors as separation from families owing to employment, housing, and lack of domestic help. Whilst there is a firm belief on the part of the public that hospital delivery is safer, it should be remembered that the risk of infection to the infant is actually greater in hospital than at home. Evidence to support this occurred during the summer when a local maternity unit had to be closed for a period because of a staphylococcal skin infection amongst the babies there.

The booking of all maternity beds continues to be undertaken at the Divisional Health office. This permits patients to express their choice, and obviates overcrowding in one hospital whilst beds at another may be half empty, as may occur in small maternity units.

(g) CARE OF PREMATURE INFANTS:

A premature infant is defined as one weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation. Some of these prematures are in fact immatures, and may thrive better than others with a birth weight rather above $5\frac{1}{2}$ lbs. But it remains a valuable definition whilst prematurity continues to be the chief cause of death under one year, and particularly under one month.

There were 52 premature infants born in 1956 compared with 52 and 57 in the preceding years. Of this number 49 babies were born in hospital, and three at home. No babies were transferred to hospital after domiciliary delivery, but special equipment is available for nursing them at home when required.

Our knowledge of the associations of premature labour is still very incomplete. In half the cases there is no obvious medical reason. On the other hand it has been shown that there is a social gradient, the chances of premature birth increasing as the social circumstances of the family deteriorate. Elimination of what may be described as "environmental" causes, combined with very careful antenatal care for all mothers must therefore be the present aim.

(h) DENTAL CARE OF EXPECTANT AND NURSING MOTHERS:

The dental clinic at Barnoldswick provided dental care for the mothers in West Craven. Elsewhere local dental practitioners have provided a service under the County Council's scheme.

(i) DAY NURSERIES:

The Earby and Barnoldswick nurseries having been closed, there is now no such provision in the Division.

(j) CHILDREN'S HOMES:

Burnside House, Skipton, is operated by the Welfare Department. Children there are medically examined on admission, discharge, and periodically during their stay.

(k) NURSERY AND CHILD MINDERS (REGULATION) ACT, 1948:

Registration and approval are required where three or more children under five years are received to be looked after for a day or a substantial part of a day or for any longer period, not exceeding six days. One application for registration was refused during the year.

(l) CARE OF THE UNMARRIED MOTHER AND HER CHILD:

Although the illegitimate birth rate is half what it was ten years ago, there were 22 illegitimate births during the year, after adjustment for inward and outward transfers. And although the attitude of the general public towards this problem has greatly changed in recent years, serious personal and social difficulties often remain.

Admission to a hostel or voluntary home is often a temporary solution, and in such cases the County Council provides financial assistance. The Bradford Diocesan Moral Welfare Council has continued its valuable work in this area, and we remain indebted to its officers for their assistance.

(m) CHILD WELFARE CENTRES:

Details of the centres and attendances are given in the preceding tables (d) and (e). The attendances continued at a satisfactory level, and the sale of dried milk and other foods is a considerable convenience to the mothers. Less emphasis is now being placed on the routine weighing of babies, and more on the giving of advice by the doctors and health visitors. More health teaching is being attempted, although very few of the premises we rent are suitable for the purpose. Members of the Voluntary Committees continue to provide assistance at the static centres, and we are indebted to these ladies for their support.

5. MIDWIFERY SERVICES:

The local health authority has the responsibility for providing sufficient certified midwives to provide domiciliary care of women during childbirth, whether acting as midwives, or maternity nurses. In this Division, only one wholetime midwife is employed, in West Craven. Elsewhere, the home nurse/midwives undertake this work. This has been found to be the most suitable arrangement in a district well supplied with beds for hospital confinements. Each practising midwife attends a refresher course periodically. She is also trained to give gas and air analgesia, and pethidine, and conducts a majority of confinements without the presence of a doctor.

In the hospitals, midwives are provided by the Management Committee of the Group, but supervision is still exercised by the local health authority under the Rules of the Central Midwives Board.

STATISTICSNumber of confinements attended by midwives.

	Institu- tional total number of cases	Domiciliary Cases			
		Dr. not booked		Dr. booked	
		Doctor present at time of deliv- ery of child	Doctor not present at time of delivery	Doctor present at time of del- ivery (either booked Doctor or another)	Doctor not present at time of delivery of child
Midwives employed by the Authority	--	--	3	24	84
Midwives employed by volunt- ary organ- isations	--	--	--	--	--
Midwives employed by hosp- ital Management Committees	564	--	--	--	--
Midwives in Private Practice:					
(a) Nursing Homes	--	--	--	--	--
(b) Others	--	--	--	--	--

6. HOME NURSING:

Home nurses, some of whom also undertake domiciliary midwifery, are located in various parts of the Division according to population, natural boundaries, availability of hospitals, housing accommodation, and the demands for off-duty relief. Their names are given in Section 2 earlier in the Report.

One home nurse/midwife is employed exclusively on relief duty to cover holidays and absences through other causes. With two exceptions all the nurses have either their own cars or cars provided by the County Council. Cars are essential today in all but the largest centres of population; for without them the nurses could not possibly meet the demands on their services, particularly the giving of injections. The old conception of the district nurse as a giver of bed baths, poultices and enemas, depending largely on personality, experience, and physical skill is no longer true. She has had to acquire new techniques, the ability to work in isolation, with a minimum of facilities, and the skill to drive a car on all manner of roads in all weathers. Finally, as much of her work remains amongst the long term sick, she often has social as well as medical duties to perform.

As has already been stated in Section 2, more unfurnished accommodation will have to be provided if we are to compete with other authorities, and maintain a staff sufficient to meet all demands. This is particularly important in rural areas where midwifery is also undertaken, where there are no married women who might be employed part time, and until the proposed mobile reserve of sixteen nurses is established in the County.

A summary of the work undertaken is as follows:-

- | | |
|---|--------|
| (i) Number of visits paid by home nurses during the year: | 37,118 |
| (ii) Number of cases attended by home nurses (excluding midwifery and maternity cases). | 2,154 |

7. HEALTH VISITING:

By tradition, the health visitor is associated primarily with the care of the mother and the young child, taking over this responsibility from the midwife a fortnight after the confinement. This continues to be her main work, although she is now regarded as the general purpose family visitor, and is being employed by many authorities to undertake school nursing and tuberculosis visiting as well. Such an arrangement exists in this Division, where most of the health visitors also have a child welfare centre in their area. During the year the report of the Working Party on Health Visiting was published and its chief recommendations are on those lines.

Emphasis was also laid on the part which the visitor should play in health education, the development of care and after care services in linking up the hospital and community services, and in schemes for the aged and handicapped. Whilst it is unlikely that the health visitor will ever be quite as closely associated with the family doctor as the home nurse and midwife, there is no doubt that she should play a much larger part in this clinical team than she does at present. Hitherto communication has always been a difficulty, but all health visitors are now supplied with telephones.

Seven health visitors were employed at the end of the year, and one part time assistant. The Superintendent health visitor has additional duties, in the Home Help Service, and in the submission of reports on all patients recommended for admission to hospitals for the long term sick.

STATISTICS:

Although it is necessary to give some figures, they are not a good indication of the work done; for the quality of the work and the results achieved are much more important than the quantity of visits paid. The figures given are of visits only, and do not include attendances at schools, clinics, child welfare centres, hospitals, etc.

	<u>First Visits</u>	<u>Total Visits</u>
(i) Expectant Mothers	177	478
(ii) Children under 1 year	819	5,764
(iii) Children between 1 and 5 years	-	8,241
(iv) In respect of tuberculosis	-	912
(v) Other cases	-	2,357
	<u>996</u>	<u>17,752</u>

8. HOME HELP SERVICE:

Under the terms of section 29 of the National Health Service Act, 1948, the County Council has made arrangements for providing domestic help for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age. The service provided is a most valuable one, particularly for the aged and infirm, for it permits many to remain in their own homes, thus avoiding their costly maintenance in hospital or welfare home. At the end of the year five full time and 39 part time home helps were employed, giving assistance in 150 homes.

Their organisation has become a major administrative task, and their supervision by the Superintendent health visitor, the home nurses and midwives involves considerable work and responsibility. This is an appropriate place in which to acknowledge their efforts, and in which to pay further tribute to the home helps for the way in which they have undertaken heavy and sometimes disagreeable duties with tact and cheerful efficiency.

STATISTICS:

Cases provided with home helps during the year came within the following categories:-

	<u>Number of</u> <u>cases</u>	<u>Hours</u> <u>employed</u>
(i) Maternity (including expectant mothers):	45	3,665
(ii) Tuberculosis:	1	105
(iii) Chronic sick, aged, infirm:	288	44,525
(iv) Others:	13	1,101

9. MENTAL HEALTH SERVICE:

The functions of the Local Health Authority under existing legislation are as follows:-

- (i) The appointment of a duly authorised officer to take initial proceedings for removal to hospital of persons who are to be dealt with under the Lunacy and Mental Treatment Acts.

During the year action was taken by this officer in eighteen cases, for an increasing number of patients now enter mental hospitals as voluntary patients.

- (ii) To ascertain, under the terms of the Mental Deficiency Act, 1913-18, what persons in the area are defective; to provide suitable supervision for them, guardianship or institutional care; and to arrange for suitable training or occupation for those not in institutional care.

During the year 3 mental defectives were ascertained, all of whom were under sixteen years of age. At the end of the year 64 defectives were resident in the Division. Of these, 54 were under statutory supervision, 10 under voluntary supervision, and 1 was on licence from an institution. In addition, 71 defectives whose home addresses are in the Division were receiving institutional care elsewhere.

Supervision of the defectives living in the Division is undertaken by the mental health social worker, and she also supplies reports to hospitals when applications for licence, holiday leave, etc., are being considered.

For those defectives likely to benefit, training is available at the small group training centre at Skipton on three days each week, and at the larger occupation centre at Keighley on five days each week. The home teacher was visiting at the end of the year 9 defectives who were unable to travel from their homes.

At the centres the training comprises teaching (in so far as it is possible) of numbers, colours, simple money values, painting, drawing, clay modelling, knitting and embroidery. The defectives also learn to sing and play together, they get companionship, and their parents are relieved of the constant strain of caring for them. A dinner is provided through the School Meals Service, and travel warrants for the defectives and their escorts.

- (iii) Arranging for care and after care of persons suffering from mental illness, where provision is not otherwise made.

Under this heading a limited amount of visitation and supervision is undertaken by the mental health social worker at the request of the hospital psychiatrist or almoner, or the family doctor.

10. VACCINATION AND IMMUNISATION:

- (a) On the coming into operation of the National Health Service Act, in 1948, compulsory powers for infant vaccination against smallpox ceased, and were replaced by voluntary arrangements under the terms of Section 26 of the Act. This led to an immediate fall in acceptances, which was estimated in 1948 to be less than 20 per cent. According to the national

statistics for 1955., 36.4 per cent of babies were vaccinated, so that although there has been some improvement, the position is obviously still far from satisfactory.

Until some fifty years ago small-pox swept through this country quite frequently, when widespread vaccination checked its progress and vigilance at the sea ports prevented its importation. These conditions no longer appertain, for the vaccination state is low, and air journeys from smallpox endemic areas take less time than the incubation period of the disease. There have been twenty three importations of variola major in the past ten years, and there will undoubtedly be more. It is very probable also that unrecognised cases will again enter hospitals, and may well leave many contacts in the community before they arrive there.

In the Division, the number of persons vaccinated (or revaccinated) during the year was:-

Age at date of vaccination.	Under 1 yr.	1 yr.	2 to 4 yrs.	5 to 14 yrs.	15 yrs. or over.	Total.
Number vaccinated	337	17	16	13	39	422
Number re-vaccinated	-	-	-	15	103	118

- (b) It was pointed out earlier in Section C of this Report that cases of diphtheria are still occurring in this country, because of parental apathy and failure to accept the simple procedure of immunisation for their children. According to the national statistics the percentage of babies under one year of age immunised against diphtheria was 36.7 per cent in 1955. But other children are immunised through the School Health Service, and in 1955 the diphtheria immunity index was 49.3 per cent. That index is the number of children under 15 years of age who have had a course of immunisation during the last five years and are regarded as protected.

It is obviously much lower than it should be. In the Division the number of children who completed a full course of primary immunisation against diphtheria during the year was:-

Age at date of final injection:

<u>Under 5</u>	<u>5 to 14</u>	<u>Total:</u>
576	98	674

The number of children who were given a secondary or re-inforcing injection (i.e., subsequent to complete full course) was 747.

- (c) Reference was also made in Section C to the value of vaccine now available for the protection of children against whooping cough. Details of children vaccinated in 1956 are as follows:-

Under 6 months	6 months to 1 yr.	1 - 2 years	2 - 3 years	3 - 4 years	Total:
21	317	55	13	5	411

- (d) 1956 is assured of a place in epidemiological history as the year in which poliomyelitis vaccination was first tried in Britain. But it was a year in which the incidence of this disease was low except in a number of sharply defined areas, and the statistical evidence which is going to be available as a result of these vaccinations will not be very important. However, the decision to use the "polio" vaccine was based on evidence from other countries where many millions of vaccinations have now been performed, and it has been shown in the U.S.A. that the attack rate for paralytic cases has been up to five times greater in unvaccinated children.

Although much has been discovered in recent years, knowledge of the spread of the virus, i.e., the causative germ of poliomyelitis, is still far from complete. It has been claimed that for every clinical case the number of inapparent infections, as a result of which immunity to the disease is developed, may be as high as one hundred. It has also been shown that contacts of a case, and especially family contacts act as carriers of the virus. At present

There is no practical method of discovering inapparent infections or carriers, so the use of a safe vaccine proved to give a measure of protection against infection is obviously worth while, particularly when there is, as yet, no specific treatment available for this dread disease.

Vaccination was offered to children in certain age groups in the Division during the Spring, and the response was good. Unfortunately, only a very limited supply of vaccine was available, but 221 children were given two injections, and 10 children one injection before vaccinations were stopped at the beginning of the summer, at which time poliomyelitis starts to rise to its late summer peak in this country. The vaccinations were all performed at schools, or at clinics, but family doctors will be taking part in the campaign in future years.

(e) B.C.G. vaccination for protection against tuberculosis was referred to earlier in the Report. It was given by the Chest Physician to 75 children who were likely to be exposed to infection, and by the School Medical Officers to 268 thirteen year old children found by testing to be susceptible to infection.

11. HEALTH EDUCATION:

There is little to add to that which has been written in previous years, and the health visitors continue to undertake the main responsibility. Health education is their primary function, and is best undertaken during visits to the homes of babies and young children. They are well qualified by training and experience to advise on most aspects of family life, and they have recently been including advice on the prevention of accidents in the home, behaviour problems in childhood, and healthy footwear. The ante-natal and child welfare clinics also provide receptive audiences, although lack of suitable accommodation for short talks and film shows is a handicap in all our premises. Considerable use continues to be made of leaflets and posters issued by the Central Council for Health Education, and by the County Council; and although all members of the staff play some part in health education it must be admitted that the majority are so fully occupied with new and routine duties, that this important subject is not getting the attention which it should have.

B.C.G. vaccination and poliomyelitis vaccination may be quoted as examples of new duties, and their importance cannot be denied either.

12. UNSATISFACTORY FAMILIES:

Some families, in spite of the worst misfortune, manage to maintain their independence in society, on meagre financial resources and in poor housing conditions, and with or without the statutory aid which is due to them. Others, because of their inherent weaknesses fail to support themselves or care properly for their children even when every help is given them. It is to the latter that the title of "problem family" is given, and in which the majority of cases of neglect and ill-treatment of children arise. The report of the N.S.P.C.C. for 1955 shows that 36,697 such cases were dealt with involving 98,277 children, which gives some idea of the size of the problem. It is this type of unsatisfactory family which is reviewed periodically by the co-ordinating committee formed by the Divisional Medical Officer under the terms of the Joint Circular 78/50 from the Ministries of Health and Education, and the Home Office. Much useful work has been done by this committee and a number of evictions with consequential break-up of families has been obviated.

Problem families have been the subject of much study in recent years, and the accepted view is that they differ from other families mainly in personality and intelligence. The parents are immature, often of low intelligence, and with quite a high incidence of mental illness. They do not conform to the normal social pattern because they cannot. They lack insight and foresight - that is, ordinary common sense. The mothers are usually affectionate and faithful wives but thoroughly incompetent housekeepers. But it is not usually until after several children have been born that the mother is overwhelmed, and the household subsides hopelessly into a state of dirt, debt, and domestic confusion. The family then comes to official notice because of child neglect, truancy, or crime. Rehabilitation of a family at this stage is a long, difficult and expensive business; for the provision of advice, furniture, bedding, clothing, and kitchen ware is not enough. Training in special hostels, and the employment of Family Service Units, specially selected home helps or other agencies may be necessary. There is therefore much to be said in favour of making a diagnosis at an early stage, for that might permit more successful efforts at prevention.

Unfortunately, it is likely to be some time before this idea is generally accepted and appropriate means provided to carry it out.

13. CARE AND AFTER CARE:

For patients in their own homes the home nurses supply sick room requisites such as air-rings, rubber sheets, bed pans, and bed rests, from their own stocks. Larger items such as wheel chairs, spinal carriages and special beds are supplied through the Divisional Health Office.

For patients in need of such, admission to recuperative homes, usually at the seaside, is arranged at the request of the family doctors; and for the tuberculous, extra milk is supplied on the recommendation of the Chest Physician. Home helps and home nurses are frequently provided at the request of the almoners for patients discharged from hospital.

Our liaison with most of the hospitals is satisfactory and continues to improve, for all applications for admission of the chronic sick are now referred to the department for report, and discharges are the subject of increasing consultation. That is as it should be in a national health service, particularly one with a tripartite division into hospital, health authority, and family doctor services.

The care of the aged continues to occupy many members of the staff, on a scale which increases year by year. The main principles of geriatrics now seem to be established, that the old should live at home and have some work to do, and that they should, according to their taste and capacity, keep in touch with the world around them. The aim should be independence without loneliness, useful occupation without strain, and foreseen provision (preferably in the care of adult and responsible relatives) for such period of final dependence as may be necessary.

The part which hospitals and welfare homes can play in this total problem is small. The hospitals aim at the care of diseases capable of being cured; the medicated relief of the last months or years of slow but irreversible decline is no longer an accepted function.

In fact the Ministry of Health has expressed the view that there is no real shortage of hospital accommodation for the aged, although the distribution may be uneven, and many beds may be blocked because patients no longer in need of treatment cannot be discharged. That may be so, but the fact remains that in this area it is often impossible to obtain a bed for patients in urgent need of admission.

The institutional "home" is the easy (and expensive) answer so often given, but, although the West Riding County Council has provided 452 additional beds in welfare homes since the War, the waiting list continues to grow. Between these two provisions there is an intermediate need for those not ill enough for hospital, yet not well enough for welfare home. But such "halfway" houses are few and controversy exists as to who should pay for them. As they are really taking the place of the old time infirmaries, it would seem to be the responsibility of the Regional Hospital Boards. However, when all has been said about this provision of beds, a majority of the aged remain to be dealt with by the family doctors, home nurses, and home helps. This is usually satisfactory where the relatives are available and accept their obligations; and much useful work is being done in providing ancillary services such as meals-on-wheels, chiropody, clubs, visitors, night attendants, physiotherapy, laundry services etc., although their provision is more difficult in rural and small urban areas than it is in the large towns and cities.

During the year, the County Council brought forward certain proposals for the care of old people living in sufficient numbers in a particular location to warrant the employment of a warden, and the establishment of certain other facilities on community lines. These proposals are not generally applicable in the Division, but one authority was giving them consideration.

14. AMBULANCE SERVICE:

There have been no alterations in the ambulance arrangements during the year, but increasing use is being made of short wave wireless transmission and reception apparatus. This enables ambulances to be diverted to accidents and other emergencies, and can save life and time.

The Barnoldswick depot serves West Craven, and the Keighley depot serves Silsden and the parishes in South Craven. Addingham and Beamsley are dealt with from the Guiseley depot; and the rest of the Division is served by the Skipton depot with the exception of Upper Wharfedale, where the St. John's Ambulance Brigade operates from Grassington under agency arrangements.

STATISTICS:

1956

Mileage covered:	135,854
Patients carried:	16,339

15. THE SCHOOL HEALTH SERVICE:

The history of this service goes back fifty years, and until recently its principal function was the detection of defects and their treatment. Had that been its only function, the passing of the National Health Service Act in 1948 might have foreseen its disappearance. But it remains firmly established, for it is a health service rather than a medical service, and is closely linked with the educational life of the child. Faults may thus be put right before they become defects, and in this work the medical officer is helped by the school nurse who has a close acquaintance with the families in her schools through her contacts at clinics and in home visiting.

The basic programme of this service consists of the examination of every child on four occasions during school life, along with the more frequent examination of handicapped pupils and special cases. Details of these examinations are given in the following tables:-

TABLE 1.(a) Periodic Medical Inspections:

Number of inspections in the prescribed groups:-

Entrants	711
7 to 8 year group	444
Last year primary	576
First year secondary	49
Last year secondary	<u>381</u>

Total:	<u><u>2,161</u></u>
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(b) Other Inspections:

Number of special inspections:	1,460
Number of re-inspections:	<u>115</u>

Total:	<u><u>1,575</u></u>
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(c) Pupils found to require treatment:

	Defective Vision (excl.squint)	For any of other cond- itions re- corded in Table 11.	Total Indiv- idual pupils
Entrants	19	109	118
7 to 8 year group	33	31	58
Last year primary	68	55	119
First year secondary	-	2	2
Last year secondary	30	26	53
Total:	150	223	350

(d) Classification of all pupils given a routine examination:

Age groups	Number of pupils inspected	Satisfactory		Unsatisfactory	
		No.	% of col.2.	No.	% of col.2.
Entrants	711	689	96.9	22	3.1
7 to 8 year group	444	442	99.5	2	.5
Last year primary	576	570	99.0	6	1.0
First year secondary	49	49	100.0	-	-
Last year secondary	381	381	100.0	-	-
Total:	2,161	2,131	98.6	30	1.4

TABLE 11

(e) Return of defects found by medical inspection in the year ended 31.12.56.

All defects noted at inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection. Whenever it is considered necessary for a child to be referred for a specialist's opinion (other than for an ophthalmic examination) notification is sent to the family doctor so that he can make the arrangements or such alternative provision as he considers desirable.

	Periodic Inspections No. of defects		Special Inspections No. of defects	
	Requiring treatment	Requiring observation but not treatment	Requiring treatment	Requiring observation but not treatment
Skin	46	71	9	51
Eyes: (a) Vision	201	422	38	151
(b) Squint	20	40	2	35
(c) Other	9	2	-	2
Ears: (a) Hearing	6	15	4	5
(b) Otitis Media	3	29	-	4
(c) Other	10	21	3	9
Nose or throat	50	341	25	157
Speech	9	28	8	26
Cervical Glands	5	60	3	22
Heart & Circulation	-	39	-	47
Lungs	47	130	8	106
Developmental:				
(a) Hernia	2	16	2	7
(b) Other	3	82	3	58
Orthopaedic:				
(a) Posture	13	41	6	26
(b) Flat feet	71	76	7	46
(c) Other	25	41	1	27
Nervous System:				
(a) Epilepsy	-	7	-	7
(b) Other	-	3	-	2
Psychological:				
(a) Development	4	19	2	38
(b) Stability	3	45	1	21
Abdomen:	-	14	1	6
Others:	37	25	8	17

(f) CLINIC ARRANGEMENTS:

School clinics are held in Skipton, Silsden and Barnoldswick where children requiring observation can be seen regularly and given appropriate advice and treatment. Orthopaedic, Paediatric, Dermatological, and Ear, Nose and Throat Clinics are held at Skipton Hospital by consultants of the Regional Hospital Board. The Board also provides an ophthalmologist for the examination of children with defects of vision and the prescription of spectacles. His clinics are held in Skipton and Barnoldswick, as are the speech therapy clinics. Finally, a child guidance clinic for children showing behaviour problems and maladjustment is held in Skipton, the conduct of which is now in the hands of a consultant psychiatrist, Dr. Burbury.

Unfortunately, the speech therapy clinic had to be closed in the summer when Miss Buckley emigrated to Canada, and a replacement had not been obtained by the end of the year. The Child Guidance Clinic was without the services of Dr. Burbury during the autumn when she was in the United States, but Dr. Leese and Mr. Pickles were able to deal with urgent cases in Shipley or Skipton.

(g) HANDICAPPED PUPILS:

Section 34 of the Education Act, 1944, places a duty upon Local Education Authorities to ascertain those children who, by reason of disability of mind or body, require special educational treatment; and Section 33 requires such Authorities to make provision for the special education recommended. The School Health Service and Handicapped Pupils Regulations prescribe ten categories of handicap, and in the Division the following children were included at the end of the year:-

The Blind	2
The Partially Sighted	3
The Deaf.....	3
The Partially Deaf.....	1
The Delicate	6
The Educationally Subnormal..	36
The Epileptic	-
The Maladjusted	5
The Physically Handicapped ..	12
Speech Defects.....	<u>-</u>
Total:	<u>68</u>

The emphasis today is on drawing as little difference as possible between the handicapped child and the normal child, and not all handicapped children need attend a special school. This is important because in a mixed urban and rural community such as we live in there are insufficient pupils of any one category to warrant providing a special day school, and the only alternatives are for these children to leave home to attend a residential special school, or have home tuition.

Children attending special residential schools at the end of the year were as follows:-

Schools for the Blind.....	2
Schools for the Partially Sighted	1
Schools for the Deaf	2
Schools for the Partially Deaf.....	1
Schools for the Maladjusted.....	5
Schools for the Delicate	6
Schools for the Physically Handicapped.....	3
Schools for the Educationally Subnormal	12

There is a residential special school in the Division at Netherside Hall near Grassington. This normally provides accommodation for 40 senior boys, many with asthma or other chest diseases, but the number had to be reduced in the autumn because of shortage of domestic staff.

(h) PUPILS UNDER OBSERVATION:

In addition to the pupils classified as handicapped under the Education Act, 1944, 44 children with defects of a temporary or less serious character were under observation by the medical and nursing staff at the end of the year.

(i) B.C.G. VACCINATION:

As mentioned under the heading of Tuberculosis in the Report of the Medical Officer of Health, all thirteen year old children were offered this vaccination if found to give a negative result on tuberculin testing.

The number offered B.C.G. vaccination ..	704
The number accepting B.C.G.....	398
The number tuberculin negative	270
The number given B.C.G. vaccination	268

(j) EMPLOYMENT OF CHILDREN:

The County Council has byelaws regulating the employment of children of compulsory school age, which require the children to be examined by a School Medical Officer within two weeks of the date employment begins. During the year 48 children were examined to ensure that employment would not be prejudicial to health.

(k) CLEANLINESS:

Examination of children's heads for infestation with vermin is undertaken by the school nurses. During the year 15,412 examinations were made and 114 children found to require treatment. In many cases this is a chance infestation which does not recur, but where there is evidence of lack of care or neglect, treatment is undertaken in co-operation with the parents and teachers.

(l) DENTAL SERVICE:

Statistics relating to work undertaken in the Division during the year are as follows:-

Number of children inspected	3,342
Number of children found to require treatment..	2,519
Number of children offered treatment.....	2,120
Number of children treated	1,625
Number of attendances	3,885
Number of extractions:	
(a) temporary.....	1,934
(b) permanent.....	408
Number of general anaesthetics.....	40

Number of fillings:	
(a) temporary	454
(b) permanent	2,213

Number of other treatments:	
(a) temporary	243
(b) permanent	1,338

16. WELFARE FOODS SCHEME:

The distribution of National Dried Milk, Orange Juice, Cod Liver Oil, and Vitamin A and D tablets was transferred from the Ministry of Food in 1954, and distribution centres are established as follows:-

<u>Centre</u>	<u>Hours of Opening</u>
Skipton Health Office	- Daily.
Silsden Clinic	- Weekly - Mondays & Tuesdays alternately.
Steeton	- Alternate Tuesdays.
Crosshills Clinic	- Alternate Tuesdays.
Earby Clinic	- Weekly - Wednesday.

<u>Centre</u>		<u>Hours of Opening</u>
Barnoldswick	-	Twice weekly - Thursdays & Saturdays.
Gargrave	-	Alternate Thursdays
Grassington	-	Alternate Wednesdays

In addition, cod liver oil and orange juice and vitamin tablets are dispensed by voluntary agencies in:-

Appletreewick
Linton
Addingham
Sutton
Farnhill
Cowling
West Marton
Lothersdale

17. MEDICAL EXAMINATIONS:

Particulars of medical examinations carried out by the Divisional Medical Staff during the year:-

Entry to County Superannuation Scheme	31
Teachers and entrants to Training Colleges	45
Fitness for work	7

In addition, certain examinations were carried out under the Children Act, 1948, and the Mental Deficiency Acts.

